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Intestinal alteration of α -gustducin and sweet taste signaling pathway in metabolic diseases is partly rescued after weight loss and diabetes remission Running Head: Intestinal α -gustducin in metabolic diseases

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3
4 **Running Head:** Intestinal α -gustducin in metabolic diseases

5
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30

31 **Abstract**

32 Carbohydrates and sweeteners are detected by the sweet taste receptor in enteroendocrine
33 cells (EEC). This receptor is coupled to the gustducin G-protein, which α -subunit is encoded
34 by *GNAT3* gene. In intestine, the activation of sweet taste receptor triggers a signaling
35 pathway leading to GLP-1 secretion, an incretin hormone. In metabolic diseases GLP-1
36 concentration and incretin effect are reduced while partly restored after Roux-en-Y gastric
37 bypass (RYGB). We wondered if the decreased GLP-1 secretion in metabolic diseases is
38 caused by an intestinal defect in sweet taste transduction pathway. In our RNA-sequencing
39 of EEC *GNAT3* expression is decreased in patients with obesity and type 2 diabetes
40 compared to normoglycemic obese patients. This prompted us to explore sweet taste
41 signaling pathway in mice with metabolic deteriorations. During obesity onset in mice *Gnat3*
42 expression was downregulated in EEC. After metabolic improvement with entero-gastro
43 anastomosis surgery in mice (a surrogate of the RYGB in humans), the expression of *Gnat3*
44 increased in the new alimentary tract and glucose-induced GLP-1 secretion was improved. In
45 order to evaluate if high-fat diet-induced dysbiotic intestinal microbiota could explain the
46 changes in the expression of sweet taste α -subunit G protein, we performed a fecal
47 microbiota transfer in mice. However, we could not conclude if dysbiotic microbiota impacted
48 or not intestinal *Gnat3* expression. Our data highlight that metabolic disorders were
49 associated with altered gene expression of sweet taste signaling in intestine. This could
50 contribute to impaired GLP-1 secretion that is partly rescued after metabolic improvement.

51
52 **Key words:** Intestinal endocrine cells, α -gustducin, obesity, type 2 diabetes, microbiota

53
54 **New & Noteworthy**

55 Our data highlighted: 1/ the sweet taste transduction pathway in EECs plays pivotal role
56 for glucose homeostasis at least at gene expression level; 2/ metabolic disorders led to
57 altered gene expression of sweet taste signaling pathway in intestine contributing to

58 impaired GLP-1 secretion; 3/ after surgical intestinal modifications, increased
59 expression of alpha-gustducin contributed to metabolic improvement.

60

61 **Abbreviations**

62 CD: control diet; EEC: enteroendocrine cell; EGA: entero-gastro anastomosis; FMT: fecal
63 microbiota transfer; GLP-1: glucagon-like peptide-1; HFD: high-fat diet; HFD-HF: high-fat
64 diet-high fructose; HOMA-IR: Homeostasis Assessment of insulin resistance; PYY: peptide
65 YY; PLC β 2: phospholipase C β 2; RYGB: Roux-en-Y gastric bypass; T1R2-T1R3: sweet taste
66 receptor; T2D: Type 2 diabetes

67

68 **INTRODUCTION**

69 Glucagon Like-Peptide-1 (GLP-1) is an incretin hormone secreted from specialized L-
70 enteroendocrine cells (EECs) which enhances glucose-dependent insulin secretion by two-
71 fold in the postprandial state. The mechanisms by which EEC link glucose detection to GLP-
72 1 secretion is still debated but they involve both sugar transporters and sweet taste receptor
73 (32). This heterodimeric T1R2-T1R3 receptor encoded by *TAS1R2* and *TAS1R3* is coupled
74 to the taste G-protein gustducin composed of α , β and γ subunits encoded respectively by
75 *GNAT3*, *GNB3* and *GNG13* genes (34). Several lines of evidence support that T1R2-T1R3
76 and α -gustducin are required for glucose-stimulated GLP-1 secretion. Indeed, these three
77 proteins are present in human and rodent L-cells of the small intestine (16, 36, 39).
78 Furthermore, GLP-1 secretion can be elicited from mouse intestinal explants, and/or mouse
79 (GLUTag) and human (NCI-H716) EEC lines by sweet taste receptor agonists — sucrose,
80 glucose, fructose and sucralose (12, 16, 24). Moreover, glucose-stimulated GLP-1 secretion
81 is nearly or fully abolished in α -gustducin^{-/-}, TAS1R2^{-/-} and TAS1R3^{-/-} mice (12, 16, 19).
82 This is also the case, when sweet taste receptor are inhibited or silenced using RNA of α -
83 gustducin on GLUTag and NCI-H716 cells (16, 24). Finally, the sweet taste receptor inhibitor,
84 lactisole, reduces circulating levels of GLP-1 and PYY after intragastric or intraduodenal

85 administration of glucose in humans (13, 39). In EECs, the detection of carbohydrates and
86 sweeteners by the sweet taste receptor and the activation of α -gustducin stimulate
87 phospholipase C β 2 (PLC β 2),-produce inositol-trisphosphate (IP3), and increase intracellular
88 calcium concentration leading to GLP-1 release. Sodium (TRPM5 and SCN2A) and calcium
89 (CACNA1A) channels are also involved in this signaling pathway (10).

90 The incretin effect seems to be impaired in individuals with type 2 diabetes (T2D) owing to
91 the combined effects of reduced GLP-1 secretion and impaired GIP action (25, 28). Gastric
92 bypass surgery is an effective tool in reducing body weight in individuals with severe obesity
93 (26) and results in the improvement or even complete remission of T2D (9). The rise of post-
94 prandial GLP-1 secretion after Roux-en-Y gastric bypass (RYGB) may contribute to this
95 improvement (7, 14, 23, 33, 43). After RYGB the rapid delivery of undigested nutrients to the
96 lower small intestine may affect the regulation of taste receptors and/or glucose transporters
97 on EECs, resulting in an enhanced release of GLP-1 (2, 20, 45) although a recent study
98 demonstrated that lengthening of the intestinal bypass in RYGB does not affect GLP-1
99 secretion (27). Therefore, the mechanisms driving the alteration of enterohormone secretion
100 in obesity and after RYGB might not be restricted to GLP-1 incretin effects alone (23). Gut
101 microbiota, participates in environmental cues that affect EEC and is altered in metabolic
102 diseases (31). RYGB improves microbiota dysbiosis, although most patients remain with low
103 microbial gene richness despite major metabolic improvement and weight loss (4).

104 We have previously shown a positive association between jejunal GLP-1 cell density and fat-
105 consumption in individuals with severe obesity (3). Moreover, we showed that T2D is
106 associated with impaired jejunal enteroendocrine GLP-1 cell lineage in human obesity (30).

107 Our hypothesis is that the sweet taste transduction pathway and the taste gustducin G-
108 protein are altered in metabolic diseases contributing to a defective sugar detection,
109 inappropriate plasma enterohormone concentrations and reduced incretin effect.

110 Taking advantage of an RNA sequencing previously performed in human EECs, we
111 examined the relationship between obesity and T2D and the *GNAT3* expression in these
112 cells. We studied the expression of *Gnat3* and other genes involved in sweet taste

113 transduction pathway during the onset of metabolic diseases in mouse models fed for 1 to 12
114 weeks, either on control, high-fat (HFD) or high-fat and high-fructose (HFD-HF) diets as well
115 as in metabolic improvement induced by an entero-gastro anastomosis (EGA) mouse model
116 (40). Furthermore, to investigate the role of gut microbiota on α -gustducin expression, we
117 performed fecal microbiota transfer.

118

119 **MATERIAL AND METHODS:**

120

121 **Human study**

122 This study is ancillary to a previously published studies (30) that included subjects with
123 severe obesity involved in a bariatric surgery program (RYGB) carried out at the Pitié-
124 Salpêtrière University Hospital, Nutrition and visceral Surgery Departments (Paris, France).
125 Obese subjects were stratified according to their metabolic status, and two groups were
126 constituted: obese subjects without T2D (Ob, n= 14) and obese subjects with T2D (ObD, n=
127 13) receiving antidiabetic treatments or yet untreated (30). Results related to EEC
128 preparation, RNA-sequencing and its subsequent analysis have been already published (30).
129 The RNA-Seq gene expression data and raw fastq files are available on the GEO repository
130 (www.ncbi.nlm.nih.gov/geo/) under accession number GSE132831.

131

132 **Animals and diets**

133 Six- and 3-week-old C57BL/6j male mice were obtained from Janvier Labs (France). For the
134 EGA surgical procedure, 7-week-old C57BL/6j male mice were obtained from Charles River
135 Laboratories (France). Mice were housed in groups and maintained on a 12-hour light-dark
136 cycle with *ad libitum* access to water and diet: chow diet (CD: 5% Kcal fat - reference A03-
137 10, Safe-Diets) or high fat diet (60% Kcal fat - D12492, Research Diets) with (HFD-HF) or
138 without (HFD) 30% fructose (Sigma) in drinking water. Food and bedding were irradiated at
139 10 kGy. Experimental procedures agreed with the French ethical guidelines for animal

140 studies and were approved by the Regional Animal Care and Use Ethic Committee Charles
141 Darwin C2EA – 05, agreement number (#17401).

142

143 **EGA surgical procedure**

144 The EGA surgical procedure was performed as previously described (40). In brief, HFD mice
145 undergoing surgery were fasted for 6 h and anaesthetized with 2% isoflurane (Abbott) and
146 air/oxygen. Analgesia was delivered intraperitoneally 30 min before surgery (Buprenorphine,
147 0.03 mg/kg, Axience SAS) and at the end of the procedure (Ketoprofen, Merial, 1%, diluted
148 1/100, 200 µL per mouse). Antibioprophylaxy was delivered sub-cutaneous at beginning of
149 the surgery (ceftriaxone 100 mg/kg, Hospira,). The procedure consisted of a pyloric sphincter
150 ligature, followed by an entero-gastric anastomosis connecting the distal jejunum to the
151 stomach, excluding the duodenum and the proximal jejunum from the alimentary tract.
152 Sham-operated mice (simple laparotomy) underwent the same duration of anaesthesia as
153 EGA-operated mice. In both groups, the laparotomy was repaired in two layers. All mice
154 were maintained on a standardized post-operative protocol to monitor pain, body weight and
155 hydration, subcutaneous injection of saline serum and additional analgesia was given as
156 necessary. The mice had access to water and high fat diet right after surgery. Experimental
157 procedures were agreed with the French ethical guidelines for animal studies and approved
158 by the Regional Animal Care and Use Ethic Committee Charles Darwin C2EA – 05,
159 agreement number (#2762).

160

161 **Fecal microbiota transfer**

162 Mice undergoing 12 weeks of CD and HFD-HF diets were used as fecal microbiota donors.
163 In the morning, feces from the donor mice were collected in sterile containers and
164 immediately diluted in sterile, anoxic Ringer buffer containing 1 g/L L-cysteine as a reducing
165 agent. An aliquot of inoculum was snap frozen in liquid nitrogen and stored at –80°C for
166 subsequent bacterial composition analysis.

167 Colonization was achieved by intragastric gavage with 200 μ L of inoculum once per day for 3
168 consecutive days as described previously (21). 3-week old mice received by gavage with
169 inoculum of CD microbiota (MRCDD) or HFD-HF microbiota (MRHFD-HF) and were kept on
170 HFD-HF diet. Gloves were changed between the handling of each group, and all instruments
171 and working area were disinfected with hydrogen peroxide 3% vol/vol.

172

173 **Microbiome composition analysis**

174 Feces from donor mice after 12 weeks of diet, as well as those from recipient mice 3 and 12
175 weeks after microbiota transfer and the inoculum solution were frozen in liquid nitrogen and
176 stored at -80°C upon usage.

177 Detailed pipeline information was previously described in (22) with modifications described in
178 (1). Briefly, fecal DNA was extracted using the PureLink™ Microbiome DNA Purification Kit
179 (Invitrogen) according to the manufacturer's instructions. Bacterial DNA from these samples
180 was sequenced using the minION nanopore DNA sequencing from Oxford Nanopore
181 Technologies (ONT). DNA libraries were prepared using the Ligation Sequencing Kit 109
182 (SQK-LSK 109, ONT), with multiplexing (EXP-NBD104, ONT), so that up to 12 samples
183 could be sequenced at the same time on the same R9 flow-cell. After sequencing, raw fast5
184 read files generated by the MinKNOW™ software (ONT) were base called and demultiplexed
185 using Guppy (version 2.1.3). Taxonomic binning was performed as follow: sequences were
186 then mapped on an 8,000 reference genomes database using Centrifuge and the
187 assignment was further quality-checked using Minimap2. From this step, species-level
188 abundance tables were built and integrated with taxonomic information and sample metadata
189 in phyloseq objects for subsequent analyses with phyloseq R package. Samples were
190 rarified to 35,000 reads per sample before quantitative analyses. All analyses on abundance
191 data were performed after rarefaction and exclusion of rare taxa (detected in less than 20%
192 of the samples). Relative abundances values were calculated for each sample by dividing the
193 rarefied abundances by the sum of the abundances.

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Body composition

Mouse body composition was measured in vigil mice using the Bruker Minispec mq10 NMR (Bruker Optics) after 3 and 12 weeks of diet, 3 and 12 weeks after microbiota transfer, 1 week before the EGA surgery and at day 28 after the EGA surgery. Animals were placed in a clear plastic cylinder (50 mm in diameter) lowered into the device for the duration of the scan (<2 min).

Plasma parameter measurements

Blood was withdrawn from the tail vein using EDTA as the anticoagulant. Blood glucose levels were evaluated using a glucometer (Accucheck performa[®], Roche). Plasma triglycerides were measured using Triglycerides FS kit from Diasys (Diagnostic Systems). Plasma insulin was determined by Elisa (Alpco, Eurobio). For active GLP-1 determination, blood was collected into EDTA coated Microvettes (SARSTEDT) preloaded with Dipeptidyl peptidase-4 inhibitor (Merck, Millipore). Blood was immediately centrifuged at 4 °C to separate the plasma from the whole blood and stored at -20°C until analysis. Plasma insulin, glucagon, C-peptide, PYY, active GLP-1, GIP and Leptin concentrations were assessed by MILLIPLEX assays (MMHE-44 K Milliplex, EMD Millipore).

Glucose and insulin tolerance tests

All experiments were performed on conscious mice. A glucose tolerance test (2g/kg body weight) was performed on mice fasted overnight for 14-16 h (diet and microbiota transfer experiments) or fasted for 6 hours (EGA experiment). For the insulin tolerance test, animals fasted for 6 hours were injected intraperitoneally with 0.5 or 1 unit of insulin/kg body weight (Novorapid[®], Novo-Nordisk). For both tests, blood glucose was measured at the tail vein with an AccuCheck Performa glucometer (Roche Diagnostics) at indicated times.

Intestinal tissue collection

222 Human epithelial cells from obese patient jejunum were collected as described in our
223 previous study (30). Mice undergoing CD, HFD or HFD-HF were euthanized by cervical
224 dislocation, the jejunum was dissected and the mucosa was scrapped to collect epithelial
225 cells before FACS procedure.

226 EGA-operated and sham-operated mice were anesthetized and decapitated 4 weeks after
227 surgery. Duodenum, proximal and distal jejunum and ileum were frozen in liquid nitrogen and
228 stored at -80°C. Total RNA was extracted using Rneasy mini kit (Qiagen).

229 Mice undergoing fecal microbiota transfer (FMT) were euthanized by cervical dislocation.
230 The jejunum was turned over and cut before dissociating the epithelium in a cell recovery
231 solution (corning). Total RNA was extracted using Tri-reagent[®] (Molecular Research Center.
232 Inc.).

233

234 **FACS for enriched-EEC preparation in mouse**

235 We adapted to mice the FACS method for enriched-EEC preparation in humans described in
236 (30). Epithelial cells were scrapped and rinsed in FACS buffer (PBS, 3% FCS, 2 mM EDTA),
237 blocked with Fc Receptor Binding Inhibitor Antibody (eBioscience) and stained with the
238 following antibodies: CD45-BV421 (Bio Legend), CD326-APC (Biolegend) and CD24-FITC
239 (Biolegend). Dead cells were excluded with propidium iodure (eBiosciences). During sorting
240 experiments, cells were placed in FACS buffer with RNase inhibitor (Life Technologies).
241 CD24 marker was used to select enteroendocrine, Paneth and stem differentiated cells,
242 CD45 to get rid of B lymphocytes that also expressed CD24 and CD326-APC to select
243 epithelial cells. CD45-negative, CD326 positive, CD24-positive EEC enriched cell fraction
244 was on a jet-in-air flow cytometer, the MoFlo Astrios with Summit software (Beckman
245 Coulter).

246

247 **Gene expression analysis**

248 In CD45+, CD24- and CD24+ sorted mouse cells, gene expression was measured using
249 QuantiGene[™] Plex assay kit (QGP-150-M20021104, ThermoFisher). HPRT, PPIB, PGK1

250 and RPS18 were used for normalization (41). Relative quantification was determined by the
251 median fluorescent intensity.

252 Otherwise, reverse transcription using M-MLV reverse transcriptase (Promega) and
253 quantitative PCR with SybrGreen were performed. Gene expression was normalized with
254 RPLP0 expression in mice and cyclophilin expression in humans to obtain relative
255 quantification using the $2^{-\Delta\Delta Ct}$ method. All primers are presented in Table 1.

256

257 **Statistical analysis**

258 We used GraphPad Prism and R softwares for all statistical analysis. For human data, details
259 of all analyses and tests are described in Osinski & al (30). Briefly, to assess differential
260 expression on semi-quantitative techniques such as RNAseq data, EdgeR (Biocomputing)
261 package was used using negative binomial test. P-values were adjusted using the false
262 discovery rate (FDR) method with a threshold of 0.001. Only genes with count per million
263 (cpm) over 100 for at least 2 individuals were considered. Statistical differences in mice were
264 demonstrated with one-way or two-way ANOVA or t-tests as described in each figure legend
265 after the outliers have been removed with ROUT method (Q=1%) and the sample distribution
266 normality checked with D'Agostino & Pearson omnibus or Shapiro-Wilk tests. For intestinal
267 microbiota analyses, statistics on principal coordinates were computed by permanova with
268 1000 permutations using adonis function (VEGAN R package) and statistics on cliff-delta
269 were calculated with Wilcoxon-Mann-Whitney analysis using EFFSIZE R package. $p < 0.05$
270 was considered as statistically significance.

271

272 **RESULTS**

273 **Severe obesity and T2D are associated with reduced sweet taste transduction** 274 **pathway gene expression in human EEC.**

275 The RNA-sequencing transcriptome of jejunal sorted EEC from severely obese patients with
276 (ObD) or without T2D (Ob) has been reported in Osinski & al (30). Here, we analyzed the
277 gene expression of sweet taste transduction pathway, namely *TAS1R3*, *GNAT3*, *PLCB2*,

278 *ITPR3*, *SCN2A*, *TRPM5*, *CACNA1A*, *SLC2A2* and *SLC2A5* (Fig. 1A). We showed that
279 *GNAT3* gene expression was decreased 3-fold ($fdr \leq 0.0001$) in ObD patients compared to Ob
280 patients whereas *ITPR3* was increased 2-fold ($fdr \leq 0.0001$) (Fig. 1A). Furthermore, we
281 showed a strong correlation between *GNAT3* gene expression analysis by RNA-sequencing
282 and by RT-qPCR in Ob and ObD patients (Fig. 1B), confirming the down-regulation of
283 *GNAT3* by T2D in obesity.

284 This prompted us to explore the regulation of sweet taste transduction pathway genes in
285 animal models with metabolic degradation and after metabolic improvement.

286

287 **High-fat high-fructose diet induces more severe metabolic deterioration compared to** 288 **high-fat diet.**

289 To induce different severity of metabolic disorders, mice were fed either with control (CD),
290 high-fat (HFD) or high-fat and high-fructose (HFD-HF) diets for 1 to 12 weeks. Both HFD and
291 HFD-HF prompted a similar weight gain (Fig. 2A) compared to CD. Body composition
292 analyses showed an increased lean mass after 12 weeks regardless of the diets (Fig. 2B).
293 As expected, increased fat mass was exacerbated after HFD and HFD-HF compared to CD
294 from 3 weeks of diets (Fig. 2C) whereas plasma triglycerides were increased after 3 and 12
295 weeks of HFD (Fig. 2D). Glucose homeostasis was then analyzed. The area under the curve
296 (AUC) of glycaemia during oral glucose tolerance test (OGTT) revealed glucose intolerance
297 as early as 3 weeks of HFD and HFD-HF diets and the glucose intolerance was accentuated
298 after 12 weeks of HFD-HF (Fig. 2E to G). After 12 weeks of diets, fasted glycaemia was
299 significantly higher in HFD and in HFD-HF than in CD mice (Fig. 2H). Mice fed 12 weeks with
300 HFD-HF displayed higher basal insulin level (Fig. 2I), insulin resistance in accordance with
301 elevated HOMA-IR (Fig. 2J) and deteriorated insulin tolerance test (Fig. 2K and L). Together,
302 these results showed that metabolic phenotype of HFD fed mice is characterized by obesity,
303 glucose intolerance and basal hyperglycemia. HFD-HF fed mice displayed a more severe
304 metabolic deterioration. Indeed, HFD-HF fed mice also displayed basal hyperinsulinemia and
305 insulin resistance.

306

307 **The expression of sweet taste transduction genes is altered in sorted EEC from mice**
308 **with metabolic deterioration**

309 EEC are rare and scattered along the crypt-villus axis. Therefore, to enable the study of
310 sweet taste pathway gene expression in EEC, a mouse epithelial cell preparation, enriched
311 in EEC, was adapted from our previous work in humans (30) (Fig. 3A). Since the mucosa is
312 more difficult to separate from the muscle tissue in mice, we added the CD326 marker to
313 select the epithelial cells (18). CD24 was initially used in mice to separate stem cells that
314 weakly express CD24 from Paneth cells and EEC that strongly express this antigenic marker
315 (42). As shown in Figure 3, B to E, our cell sorting strategy in mice was validated. Indeed,
316 gene expression of EEC specific markers, namely *ChgA*, *Gip*, *Pyy* and *Pcsk1* and specific
317 markers of Paneth cells and stem cells, *Lyz* and *Lgr5* respectively, were specifically
318 expressed in the CD24+ cell fraction (Fig. 3F and G). The *ApoA4* gene expression, an
319 enterocyte marker, was significantly higher in the CD24- cell fraction than in the CD24+ cell
320 fraction (Fig. 3H). However, an *ApoA4* gene expression in the CD24+ cell fraction showed
321 either a contamination or an unexpected gene expression. More strikingly, the *Gnat3* gene
322 expression was specific of CD24+ cell fraction, indicating that α -gustducin subunit, encoded
323 by this gene, is specific of EEC (Fig. 3I).

324 We examined the expression of sweet taste transduction pathway genes (Fig. 4A), namely:
325 the sweet taste receptor (*Tas1r2* and *Tas1r3*), the α gustducin subunit (*Gnat3*), the inositol
326 trisphosphate receptor (*Itpr3*), the phospholipase C β 2 (*Plcb2*), the calcium voltage-gated
327 channel subunit alpha 1a (*Cacna1a*), the sodium voltage-gated channel alpha subunit 2
328 (*Scn2A*) and the transient receptor potential cation channel subfamily M member 5 (*Trpm5*).

329 We also analyzed *Slc2a2* and *Slc2a5* gene expression, which encode respectively for
330 GLUT2 and GLUT5, two sugar transporters (Fig. 4B). The expression of *Tas1r2* and *Tas1r3*
331 were not detectable. We noticed that *Gnat3* expression in EEC was decreased after 3 weeks
332 of HFD and HFD-HF as well as after 12 weeks of HFD (Fig. 4A, top). Moreover, we observed

333 a decrease in *Itpr3* and *Trpm5* gene expression in EEC after 12 weeks of HFD (Fig. 4A,
334 *bottom*) and an increased *Slc2a5* gene expression after 3 weeks of HFD-HF (Fig. 4B, *top*).
335 *Gnat3* gene expression seems to be highly responsive to high fat diets resulting in a marked
336 reduction in expression levels in EEC. Interestingly, at 3 weeks of HFD and HFD-HF diets,
337 *Gnat3* ($p=0.014$), *Plcb2* ($p=0.019$) and *Trpm5* ($p=0.019$) gene expression was negatively
338 correlated with body weight of mice (*data not shown*). We concluded that expression of
339 genes involved in sweet taste transduction pathway in EEC was altered by obesity, glucose
340 intolerance, and basal hyperglycemia.

341

342 **The α -gustducin gene expression is partly rescued by surgery-induced hyperglycemia** 343 **remission in mice**

344 To evaluate if the altered sweet taste transduction pathway gene expression within EEC
345 could be corrected after weight loss and diabetes remission, we used EGA surgery in mice
346 (a surrogate of the RYGB in humans), as described before (2, 40). EGA surgery forms a loop
347 that excludes the duodenum and proximal jejunum from alimentary tract. After surgery, the
348 food contained in the stomach is then discharged directly into the distal jejunum which
349 becomes the first segment in contact with the nutrients (Fig. 5A). EGA surgery was
350 performed in obese mice fed 8 weeks on HFD. After surgery, the HFD was maintained for
351 additional 4 weeks in sham- (control mice) and EGA-operated mice and metabolic
352 parameters and gene expression were evaluated. In agreement with previous experiments
353 (40) in sham-operated mice, body weight recovered 30 days after surgery whereas a long-
354 term decreased body weight was observed in EGA-operated mice during the follow-up (Fig.
355 5B). Body composition analyses confirmed a stable lean mass in both sham-operated and
356 EGA-operated mice whereas fat mass decreased in EGA-operated mice after surgery (Fig.
357 5C and D) as well as plasma leptin level (Table 2). The AUC of glycemia during an OGTT
358 were significantly lower in EGA-operated than in sham-operated mice as well as fasted basal
359 glycemia (Fig. 5 E to H). The improvement of glucose tolerance in EGA-operated mice
360 resulted from a decrease in insulin (Fig. 5I) and C-peptide secretions (Table 2). Glucagon

361 levels were similarly reduced during OGTT in all groups during glucose challenge (Table 2).
362 Insulin sensitivity was improved in EGA-operated mice since plasma insulin levels and
363 HOMA-IR were decreased (Fig. 5I to K). Thus, gut anatomy modifications performed with
364 EGA surgery allowed to induce body weight loss, and improvement of basal glycemia,
365 glucose tolerance, insulin secretion and insulin sensitivity. The gut anatomy modifications
366 were concomitant with an increased glucose-induced GLP-1 secretion and elevated basal
367 PYY level (Fig.5 L and M). In contrast, glucose-induced GIP secretion was decreased in
368 EGA-operated compared to sham-operated mice (Fig. 5N).

369 *Gnat3* expression was determined in duodenum, proximal and distal jejunum, and ileum in
370 sham- and EGA-operated mice. *Gnat3* expression in sham-operated increased in distal
371 jejunum and ileum compared to duodenum segment (Fig. 6A). In EGA-operated, *Gnat3*
372 expression increased in proximal jejunum compared to duodenum segment (Fig. 6A).

373 We therefore compared the intestinal segments which are the first to receive the alimentary
374 bolus, i.e. the duodenum of sham with the distal jejunum of EGA-operated (Fig. 6B). After
375 metabolic improvement, *Gnat3* expression was increased 3-fold in the distal jejunum of EGA-
376 operated mice compared to the duodenum of sham-operated mice (Fig. 6B). Concerning the
377 second intestinal segment receiving alimentary bolus, i.e. proximal jejunum of sham- and
378 ileum of EGA- operated mice no statistical difference was observed (Fig. 6C). These results
379 show that the EGA surgery in mice restores *Gnat3* expression in the new first alimentary
380 tract of the gut which subsequently could contribute to improve the glucose-induced GLP-1
381 secretion.

382
383 **A diet-induced dysbiotic intestinal microbiota does not directly modify the intestinal**
384 ***Gnat3* expression**

385 In order to determine if changes in the expression of sweet taste α G protein in the gut are
386 dependent of microbiota composition, we performed fecal microbiota transfer (FMT) from
387 donor mice fed 12 weeks with HFD-HF diet or CD to young recipient mice at weaning and
388 then fed for additional 3 or 12 weeks with a HFD-HF (Fig. 7A). We chose to transfer the fecal

389 microbiota at weaning period when the gut microbiota is not well established in recipient
390 mice, to facilitate the transferred microbiota implantation (21). The fecal microbiota and the
391 inoculum of donor mice either fed CD or fed HFD-HF were sequenced and analyzed.
392 Principal coordinate analysis based on Bray-Curtis β -diversity matrix revealed that, the
393 overall bacterial composition of microbiota and inoculum of HFD-HF mice were significantly
394 different from microbiota and inoculum of CD mice (Fig. 7B). In the CD recipient mice
395 (MRCD) and HFD-HF recipient mice (MRHFD-HF) gut microbiota compositions were also
396 significantly different both 3 and 12 weeks after the FMT, despite an overlap at 3 weeks,
397 indicating overall different gut microbiota profiles which increased throughout the follow-up
398 (Fig. 7C).

399 The relative abundance of bacteria genus showed the presence of *Akkermansia* and
400 *Bacteroides* in MRCD at 3 and 12 weeks after transfer (Fig.7D, lanes 3 and 4) but not in
401 MRHFD-HF (Fig. 7D, lanes 7 and 8). Concerning bacteria species, CD inoculum was
402 characterized by a high abundance of *Bacteroides cellulosilyticus* and *Faecalibaculum*
403 *rodentium* while HFD-HF inoculum was characterized by a high abundance of *Lactococcus*
404 *lactis* and *Streptococcus thermophilus* (Fig. 7E). Cliff's δ estimates (CDe) revealed that the
405 MRCD microbiota at both 3 and 12 weeks after transfer was characterized by a major
406 enrichment in *Akkermansia muciniphila* (CDe>0.47), whereas 8 species were highly
407 represented in MRHFD-HF at 12 weeks after transfer (Cde<0.47) (Fig. 7F). We noticed a
408 high abundance of *Lactococcus lactis* (Fig. 7E and F) that could be mainly due to a
409 contamination in high-fat diet (6). Furthermore, 12 weeks after FMT, *Faecalibaculum*
410 *rodentium*, characteristic of the CD inoculum, and *Streptococcus thermophilus*, characteristic
411 of the HFD-HF inoculum, were found both in a high abundance in MRCD and in MRHFD-HF,
412 respectively (Fig. 7F). We therefore conclude that the fecal microbiota transfer was only
413 partial since the MRCD and MRHFD-HF microbiota are not strictly identical to the respective
414 inoculum.

415 Despite differences in species abundance between MRCD microbiota and MRHFD-HF
416 microbiota, we did not observe differences in body weight gain between MRCD mice and

417 MRHFD-HF mice (Fig. 8A). As expected, the fat mass and lean mass of MRCD mice and
418 MRHFD-HF mice increased between 3 and 12 weeks under HFD-HF but no difference
419 between MRCD mice and MRHFD-HF mice was observed (Fig. 8B and C). The glucose
420 tolerance measured by the AUC of the OGTT showed that the MRHFD-HF mice presented a
421 statistically significant increased glucose tolerance between 3 and 12 weeks after FMT
422 whereas the MRCD mice did not (Fig. 8D), despite a similar increase in basal glycaemia
423 between 3 and 12 weeks (Fig. 8E). The gene expression of *Gnat3* in the jejunal epithelial
424 cells in MRCD and MRHFD-HF mice was similar between 3 and 12 weeks after FMT (Fig.
425 8F). However, we observed a tendency to decrease in *Gnat3* gene expression at 3 and 12
426 weeks after FMT when we compared MRCD mice and HFD-HF mice. These results showed
427 that FMT from HFD-HF mice with metabolic disorders (obesity, glucose intolerance and
428 insulin-resistance) did not directly impact the sweet taste G protein expression in recipient
429 mice.

430

431 **DISCUSSION**

432 In this study we demonstrate that EEC expression of the sweet taste α -gustducin is reduced
433 in severely obese individuals with T2D. In mice diet-induced obesity, glucose intolerance and
434 basal hyperglycemia, the expression of *Gnat3*, *Itpr3* and *Trpm5* involved in sweet taste
435 transduction pathway were decreased in sorted EEC. Interestingly, the weight loss and the
436 improved glucose homeostasis after EGA in mice led to the restoration of *Gnat3* expression
437 in the new alimentary tract and improved glucose-induced GLP-1 secretion. However,
438 metabolic disorders-induced dysbiotic microbiota did not modify the sweet taste α -gustducin
439 gene expression in mouse intestine. Our data support a role for the sweet taste transduction
440 pathway in mediating GLP-1 secretion in improving glucose homeostasis in mice and this
441 pathway may have therapeutic implications to treat metabolic disease.

442 EEC are rare, scattered in the intestinal epithelium and difficult to isolate. Recently, the
443 surface marker CD24 was successfully used to enrich EEC from jejunum of obese patients
444 (30). Here, we adapted to mice the EEC sorting method previously described in human (30).

445 *Pcsk1* expression indicated that GLP-1 EECs were present in the CD326+/CD24+ cell
446 fraction. Indeed, *Pcsk1* codes the PC1/3 pro-hormone convertase that cleaves the
447 proglucagon into GLP-1 specifically in intestine. Although we could not exclude having
448 selected a type of EEC, our previous study showed that enriched human EEC fraction
449 displayed no less than 12 enterohormones (30). More strikingly, we showed here that *Gnat3*
450 gene expression is specifically expressed in the EEC cell fraction. The sweet taste
451 transduction pathway was first described at the level of taste buds in the tongue (29, 35).
452 Nevertheless, the existence of this signaling pathway in the EEC was now recognized (24).
453 Indeed, α -gustducin, as well as the β and γ subunits of the gustducin G protein, T1R2-T1R3,
454 PLC β 2, and TRPM5 were expressed in EEC (16). In addition, expression of T1R2, T1R3 and
455 α -gustducin has been described in the murine EEC line STC-1 but not in the enterocyte
456 absorptive cell lines CaCo2-TC7, IEC-6 or FHs74Int (11).

457 Sweet taste thresholds are modified by multiple factors including genetics. Interestingly,
458 polymorphisms of *TAS1R3* and *GNAT3* genes were associated with taste disorder (5). Mice
459 lacking α -gustducin, T1R2 or T1R3 displayed a defective glucose-induced GLP-1 secretion
460 (12, 16, 19). Interestingly, it has been demonstrated that the gene expression of *Tas1r2* and
461 *Tas1r3* was decreased in the duodenum of diet-induced obesity in mice or in genetically
462 obese *Ob/Ob* mice. Moreover, *Trpm5* gene expression was also decreased in diet-induced
463 obese mice (15). Recently, Smith *et al*, suggested that sweet taste receptor has evolved to
464 modulate glucose absorption *via* the regulation of its transport and to prevent the
465 development of exacerbated hyperglycemia due to the ingestion of high levels of sugars (38).
466 Here we analyzed the gene expression of the sweet taste transduction pathway in metabolic
467 diseases in human EEC. We showed that T2D decreased expression of *GNAT3* and
468 increased expression of *ITPR3* in EEC in obese individuals. These results highlighted an
469 altered gene expression involved in the intestinal sweet taste signaling pathway in individuals
470 with metabolic diseases for several years. Our mouse models exposed to either HFD or
471 HFD-HF diets allowed us to analyze the sweet taste transduction pathway during the

472 metabolic disorder onset with severity degrees. In EEC the impaired *Gnat3* expression
473 occurred in the early stages of obesity as early as 3 weeks of HFD or HFD-HF diet, whereas
474 decreased *Trpm5* and *Itrpr3* expression occurred after 12 weeks of diets. We concluded that
475 in EEC the sweet taste transduction pathway, at least at the level of gene expression, was
476 altered by obesity, glucose intolerance, and basal hyperglycemia. This gene expression
477 alteration was aggravated with the metabolic disorder duration. However, additional basal
478 hyperinsulinemia and insulin resistance contributing to a more severe metabolic phenotype
479 did not aggravate the alteration of the sweet taste transduction pathway. Moreover, the
480 down-regulation of *Gnat3* was similar regardless the high-fat diet, with or without fructose. It
481 has been previously described an alteration of the sweet taste transduction pathway in
482 duodenum of high-fat diet-induced obese mice or of genetically *Ob/Ob* mice (15). Together,
483 those results suggested that obesity impairs the sweet taste transduction pathway, at least at
484 gene expression level.

485 We previously showed that obesity itself did not impact the GLP-1+, CCK+, GIP+ and PYY+
486 cell density in obese patients when compared to non-obese patients (30). But rather T2D
487 was associated to a decreased GLP-1+ cell density and an impaired lineage in human
488 obesity (30). Thus, in our mouse models of diet-induced obesity and insulin resistance, we
489 could hypothesize that the EEC density was not decreased and did not contribute to *Gnat3*
490 down-regulation, although without excluding it.

491 Bariatric surgery is associated with metabolic improvement, a rapid remission of T2D and a
492 restoration of gut hormone release, particularly of GLP-1 (17, 37). In mice, EGA results in
493 weight loss, improved glucose tolerance and increased GLP-1 secretion in response to
494 glucose (40). Here, we reported an over-expression of *Gnat3* in the most proximal segments
495 of the intestine after EGA surgery. In this context, we compared the *Gnat3* expression in the
496 duodenum of sham-operated mice to the distal jejunum of EGA-operated mice and the
497 proximal jejunum of sham-operated to the ileum of EGA-operated mice because these
498 segments were the first in contact with the flow of nutrients after surgical intestinal

499 remodeling. The increased expression of *Gnat3* in the lower small intestine could contribute
500 to the improving of GLP-1 secretion in response to glucose.

501 Metabolic diseases leading to dysbiosis of the intestinal microbiota (31), we hypothesized
502 that dysbiotic microbiota from diet-induced obese mice would cause intestinal alteration of
503 gene expression involved in sweet taste pathway. Our results showed that the HFD-HF FMT
504 to recipient mice kept on HFD-HF diet (MRHFD-HF) did not impact the weight gain and the
505 basal glycaemia compared to the CD FMT (MRCD). However, we observed a higher
506 aggravation of glucose intolerance in MRHFD-HF mice than in MRCD. This could be due to
507 the presence of *Akkermansia muciniphila* in MRCD mice which is absent in MRHFD-HF
508 mice. Indeed, *Akkermansia muciniphila* is usually associated with a healthy metabolic status
509 (8). However, the FMT induced only a trending decrease in *Gnat3* gene expression in
510 MRHFD-HF mice. However, it could not be ruled out that the microbiota of the host fed HFD-
511 HF masked the effect of HFD-HF FMT on *Gnat3* intestinal expression. Thus, we could not
512 conclude if intestinal microbiota impacted or not the sweet taste transduction pathway.

513 In conclusion, our data highlighted: 1/ the sweet taste transduction pathway in EECs plays an
514 important role for glucose homeostasis, at least at gene expression level; 2/ metabolic
515 disorders led to altered gene expression of sweet taste signaling pathway in intestine
516 contributing to impaired GLP-1 secretion; 3/ after surgical intestinal modifications increased
517 expression of α -gustducin contributed to metabolic improvement.

518 We speculated that targeting the sweet taste transduction pathway in intestine, and in
519 particular sweet taste receptors, could ameliorate the endogenous secretion of GLP-1 in
520 individuals with obesity and T2D.

521
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526 analyzed data; LLG, FA, AR, PS, KC interpreted results of experiments; LLG prepared
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533

534 **References**

- 535 1. **Alili R, Belda E, Clément K, Le P, Prifti E, Zucker J-D, Wirth T.** Exploring
536 Quantitative Metagenomics Studies using Oxford Nanopore Sequencing: A
537 Computational and Experimental Protocol. Research Square
538 [<https://doi.org/10.21203/rs.3.rs-131495/v1>].
- 539 2. **Amouyal C, Castel J, Guay C, Lacombe A, Denom J, Migrenne-Li S, Rouault C,**
540 **Marquet F, Georgiadou E, Stylianides T, Luquet S, Le Stunff H, Scharfmann R,**
541 **Clément K, Rutter GA, Taboureau O, Magnan C, Regazzi R, Andreelli F.** A
542 surrogate of Roux-en-Y gastric bypass (the enterogastro anastomosis surgery)
543 regulates multiple beta-cell pathways during resolution of diabetes in ob/ob mice.
544 *EBioMedicine* 58, 2020. doi: 10.1016/j.ebiom.2020.102895.
- 545 3. **Aranias T, Grosfeld A, Poitou C, Omar AA, Le Gall M, Miquel S, Garbin K, Ribeiro**
546 **A, Bouillot J-L, Bado A, Brot-Laroche E, Clément K, Leturque A, Guilmeau S,**
547 **Serradas P.** Lipid-rich diet enhances L-cell density in obese subjects and in mice
548 through improved L-cell differentiation. *J Nutr Sci* 4: e22, 2015. doi:
549 10.1017/jns.2015.11.
- 550 4. **Aron-Wisnewsky J, Prifti E, Belda E, Ichou F, Kayser BD, Dao MC, Verger EO,**
551 **Hedjazi L, Bouillot J-L, Chevallier J-M, Pons N, Le Chatelier E, Levenez F, Ehrlich**
552 **SD, Dore J, Zucker J-D, Clément K.** Major microbiota dysbiosis in severe obesity: fate
553 after bariatric surgery. *Gut* 68: 70–82, 2019. doi: 10.1136/gutjnl-2018-316103.
- 554 5. **Bae J-W, Kim U-K, Kwon T-J, Choi S-J, Ye M-K.** Polymorphisms of TAS1R3 and
555 GNAT3 Genes Are Associated with Patients with Taste Disorder. *Journal of Life*
556 *Science* 21: 412–416, 2011. doi: 10.5352/JLS.2011.21.3.412.
- 557 6. **Bisanz JE, Upadhyay V, Turnbaugh JA, Ly K, Turnbaugh PJ.** Meta-Analysis
558 Reveals Reproducible Gut Microbiome Alterations in Response to a High-Fat Diet. *Cell*
559 *Host & Microbe* 26: 265-272.e4, 2019. doi: 10.1016/j.chom.2019.06.013.
- 560 7. **Borg CM, le Roux CW, Ghatel MA, Bloom SR, Patel AG, Aylwin SJB.** Progressive
561 rise in gut hormone levels after Roux-en-Y gastric bypass suggests gut adaptation and
562 explains altered satiety. *British Journal of Surgery* 93: 210–215, 2006. doi:
563 10.1002/bjs.5227.

- 564 8. **Dao MC, Everard A, Aron-Wisnewsky J, Sokolovska N, Prifti E, Verger EO, Kayser**
565 **BD, Levenez F, Chilloux J, Hoyles L, Consortium M-O, Dumas M-E, Rizkalla SW,**
566 **Doré J, Cani PD, Clément K.** Akkermansia muciniphila and improved metabolic health
567 during a dietary intervention in obesity: relationship with gut microbiome richness and
568 ecology. *Gut* 65: 426–436, 2016. doi: 10.1136/gutjnl-2014-308778.
- 569 9. **Debédat J, Sokolovska N, Coupaye M, Panunzi S, Chakaroun R, Genser L,**
570 **Turenne G de, Bouillot J-L, Poitou C, Oppert J-M, Blüher M, Stumvoll M, Mingrone**
571 **G, Ledoux S, Zucker J-D, Clément K, Aron-Wisnewsky J.** Long-term Relapse of
572 Type 2 Diabetes After Roux-en-Y Gastric Bypass: Prediction and Clinical Relevance.
573 *Diabetes Care* 41: 2086–2095, 2018. doi: 10.2337/dc18-0567.
- 574 10. **Depoortere I.** Taste receptors of the gut: emerging roles in health and disease. *Gut* 63:
575 179–190, 2014. doi: 10.1136/gutjnl-2013-305112.
- 576 11. **Dyer J, Salmon KSH, Zibrik L, Shirazi-Beechey SP.** Expression of sweet taste
577 receptors of the T1R family in the intestinal tract and enteroendocrine cells. *Biochemical*
578 *Society Transactions* 33: 302–305, 2005. doi: 10.1042/BST0330302.
- 579 12. **Geraedts MCP, Takahashi T, Vigues S, Markwardt ML, Nkobena A, Cockerham**
580 **RE, Hajnal A, Dotson CD, Rizzo MA, Munger SD.** Transformation of postingestive
581 glucose responses after deletion of sweet taste receptor subunits or gastric bypass
582 surgery. *American Journal of Physiology-Endocrinology and Metabolism* 303: E464–
583 E474, 2012. doi: 10.1152/ajpendo.00163.2012.
- 584 13. **Gerspach AC, Steinert RE, Schönenberger L, Graber-Maier A, Beglinger C.** The
585 role of the gut sweet taste receptor in regulating GLP-1, PYY, and CCK release in
586 humans. *American Journal of Physiology-Endocrinology and Metabolism* 301: E317–
587 E325, 2011. doi: 10.1152/ajpendo.00077.2011.
- 588 14. **Harvey EJ, Arroyo K, Korner J, Inabnet WB.** Hormone Changes Affecting Energy
589 Homeostasis after Metabolic Surgery. *Mount Sinai Journal of Medicine: A Journal of*
590 *Translational and Personalized Medicine* 77: 446–465, 2010. doi:
591 <https://doi.org/10.1002/msj.20203>.
- 592 15. **Herrera Moro Chao D, Argmann C, Van Eijk M, Boot RG, Ottenhoff R, Van Roomen**
593 **C, Foppen E, Siljee JE, Unmehopa UA, Kalsbeek A, Aerts JMFG.** Impact of obesity
594 on taste receptor expression in extra-oral tissues: emphasis on hypothalamus and
595 brainstem. *Sci Rep* 6, 2016. doi: 10.1038/srep29094.
- 596 16. **Jang H-J, Kokrashvili Z, Theodorakis MJ, Carlson OD, Kim B-J, Zhou J, Kim HH,**
597 **Xu X, Chan SL, Juhaszova M, Bernier M, Mosinger B, Margolskee RF, Egan JM.**
598 Gut-expressed gustducin and taste receptors regulate secretion of glucagon-like
599 peptide-1. *PNAS* 104: 15069–15074, 2007. doi: 10.1073/pnas.0706890104.
- 600 17. **Jirapinyo P, Jin DX, Qazi T, Mishra N, Thompson CC.** A Meta-Analysis of GLP-1
601 After Roux-En-Y Gastric Bypass: Impact of Surgical Technique and Measurement
602 Strategy. *OBES SURG* 28: 615–626, 2018. doi: 10.1007/s11695-017-2913-1.
- 603 18. **Kawasaki H, Yoshida T, Horiguchi K, Ohama T, Sato K.** Characterization of anoikis-
604 resistant cells in mouse colonic epithelium. *J Vet Med Sci* 75: 1173–1180, 2013. doi:
605 10.1292/jvms.13-0005.

- 606 19. **Kokrashvili Z, Mosinger B, Margolskee RF.** T1r3 and α -Gustducin in Gut Regulate
607 Secretion of Glucagon-like Peptide-1. *Annals of the New York Academy of Sciences*
608 1170: 91–94, 2009. doi: <https://doi.org/10.1111/j.1749-6632.2009.04485.x>.
- 609 20. **Larraufie P, Roberts GP, McGavigan AK, Kay RG, Li J, Leiter A, Melvin A, Biggs**
610 **EK, Ravn P, Davy K, Hornigold DC, Yeo GSH, Hardwick RH, Reimann F, Gribble**
611 **FM.** Important Role of the GLP-1 Axis for Glucose Homeostasis after Bariatric Surgery.
612 *Cell Rep* 26: 1399-1408.e6, 2019. doi: 10.1016/j.celrep.2019.01.047.
- 613 21. **Le Roy T, Debédats J, Marquet F, Da-Cunha C, Ichou F, Guerre-Millo M, Kapel N,**
614 **Aron-Wisnewsky J, Clément K.** Comparative Evaluation of Microbiota Engraftment
615 Following Fecal Microbiota Transfer in Mice Models: Age, Kinetic and Microbial Status
616 Matter. *Front Microbiol* 9, 2019. doi: 10.3389/fmicb.2018.03289.
- 617 22. **Lu H, Giordano F, Ning Z.** Oxford Nanopore MinION Sequencing and Genome
618 Assembly. *Genomics Proteomics Bioinformatics* 14: 265–279, 2016. doi:
619 10.1016/j.gpb.2016.05.004.
- 620 23. **Madsbad S, Holst JJ.** GLP-1 as a Mediator in the Remission of Type 2 Diabetes After
621 Gastric Bypass and Sleeve Gastrectomy Surgery. *Diabetes* 63: 3172–3174, 2014. doi:
622 10.2337/db14-0935.
- 623 24. **Margolskee RF, Dyer J, Kokrashvili Z, Salmon KSH, Ilegems E, Daly K, Maillet EL,**
624 **Ninomiya Y, Mosinger B, Shirazi-Beechey SP.** T1R3 and gustducin in gut sense
625 sugars to regulate expression of Na⁺-glucose cotransporter 1. *PNAS* 104: 15075–
626 15080, 2007. doi: 10.1073/pnas.0706678104.
- 627 25. **Meier JJ, Nauck MA.** Incretins and the development of type 2 diabetes. *Curr Diab Rep*
628 6: 194–201, 2006. doi: 10.1007/s11892-006-0034-7.
- 629 26. **Mingrone G, Panunzi S, De Gaetano A, Guidone C, Iaconelli A, Capristo E,**
630 **Chamseddine G, Bornstein SR, Rubino F.** Metabolic surgery versus conventional
631 medical therapy in patients with type 2 diabetes: 10-year follow-up of an open-label,
632 single-centre, randomised controlled trial. *Lancet* 397: 293–304, 2021. doi:
633 10.1016/S0140-6736(20)32649-0.
- 634 27. **Miras AD, Kamocka A, Pérez-Pevida B, Purkayastha S, Moorthy K, Patel A, Chahal**
635 **H, Frost G, Bassett P, Castagnetto-Gissey L, Coppin L, Jackson N, Umpleby AM,**
636 **Bloom SR, Tan T, Ahmed AR, Rubino F.** The Effect of Standard Versus Longer
637 Intestinal Bypass on GLP-1 Regulation and Glucose Metabolism in Patients With Type
638 2 Diabetes Undergoing Roux-en-Y Gastric Bypass: The Long-Limb Study. *Diabetes*
639 *Care*. Ahead of print, 2020 doi: 10.2337/dc20-0762
- 640 28. **Nauck M, Stöckmann F, Ebert R, Creutzfeldt W.** Reduced incretin effect in Type 2
641 (non-insulin-dependent) diabetes. *Diabetologia* 29: 46–52, 1986. doi:
642 10.1007/BF02427280.
- 643 29. **Nelson G, Hoon MA, Chandrashekar J, Zhang Y, Ryba NJP, Zuker CS.** Mammalian
644 Sweet Taste Receptors. *Cell* 106: 381–390, 2001. doi: 10.1016/S0092-8674(01)00451-
645 2.
- 646 30. **Osinski C, Le Gléau L, Poitou C, de Toro-Martin J, Genser L, Fradet M, Soula HA,**
647 **Leturque A, Blugeon C, Jourdain L, Hubert EL, Clément K, Serradas P, Ribeiro A.**
648 Type 2 diabetes is associated with impaired jejunal enteroendocrine GLP-1 cell lineage

- 649 in human obesity. *Int J Obes (Lond)* 45: 170–183, 2021. doi: 10.1038/s41366-020-
650 00694-1.
- 651 31. **Pascale A, Marchesi N, Marelli C, Coppola A, Luzi L, Govoni S, Giustina A,**
652 **Gazzaruso C.** Microbiota and metabolic diseases. *Endocrine* 61: 357–371, 2018. doi:
653 10.1007/s12020-018-1605-5.
- 654 32. **Paternoster S, Falasca M.** Dissecting the Physiology and Pathophysiology of
655 Glucagon-Like Peptide-1. *Front Endocrinol* 9, 2018. doi: 10.3389/fendo.2018.00584.
- 656 33. **Peterli R, Steinert RE, Woelnerhanssen B, Peters T, Christoffel-Courtin C, Gass M,**
657 **Kern B, von Fluee M, Beglinger C.** Metabolic and Hormonal Changes After
658 Laparoscopic Roux-en-Y Gastric Bypass and Sleeve Gastrectomy: a Randomized,
659 Prospective Trial. *OBES SURG* 22: 740–748, 2012. doi: 10.1007/s11695-012-0622-3.
- 660 34. **Ren X, Zhou L, Terwilliger R, Newton S, De Araujo IE.** Sweet taste signaling
661 functions as a hypothalamic glucose sensor. *Front Integr Neurosci* 3, 2009. doi:
662 10.3389/neuro.07.012.2009.
- 663 35. **Roper SD.** Taste buds as peripheral chemosensory processors. *Seminars in Cell &*
664 *Developmental Biology* 24: 71–79, 2013. doi: 10.1016/j.semcdb.2012.12.002.
- 665 36. **Rozengurt N, Wu SV, Chen MC, Huang C, Sternini C, Rozengurt E.** Colocalization of
666 the α -subunit of gustducin with PYY and GLP-1 in L cells of human colon. *American*
667 *Journal of Physiology-Gastrointestinal and Liver Physiology* 291: G792–G802, 2006.
668 doi: 10.1152/ajpgi.00074.2006.
- 669 37. **Sjöström L.** Review of the key results from the Swedish Obese Subjects (SOS) trial – a
670 prospective controlled intervention study of bariatric surgery. *Journal of Internal*
671 *Medicine* 273: 219–234, 2013. doi: <https://doi.org/10.1111/joim.12012>.
- 672 38. **Smith K, Karimian Azari E, LaMoia TE, Hussain T, Vargova V, Karolyi K, Veldhuis**
673 **PP, Arnoletti JP, de la Fuente SG, Pratley RE, Osborne TF, Kyriazis GA.** T1R2
674 receptor-mediated glucose sensing in the upper intestine potentiates glucose
675 absorption through activation of local regulatory pathways. *Molecular Metabolism* 17:
676 98–111, 2018. doi: 10.1016/j.molmet.2018.08.009.
- 677 39. **Steinert RE, Gerspach AC, Gutmann H, Asarian L, Drewe J, Beglinger C.** The
678 functional involvement of gut-expressed sweet taste receptors in glucose-stimulated
679 secretion of glucagon-like peptide-1 (GLP-1) and peptide YY (PYY). *Clinical Nutrition*
680 30: 524–532, 2011. doi: 10.1016/j.clnu.2011.01.007.
- 681 40. **Troy S, Soty M, Ribeiro L, Laval L, Migrenne S, Fioramonti X, Pillot B, Fauveau V,**
682 **Aubert R, Viollet B, Foretz M, Leclerc J, Duchamp A, Zitoun C, Thorens B,**
683 **Magnan C, Mithieux G, Andreelli F.** Intestinal Gluconeogenesis Is a Key Factor for
684 Early Metabolic Changes after Gastric Bypass but Not after Gastric Lap-Band in Mice.
685 *Cell Metabolism* 8: 201–211, 2008. doi: 10.1016/j.cmet.2008.08.008.
- 686 41. **Verbist B, Adriaensen E, Keersmaekers V, Putri D, Crabbe M, Derks M,**
687 **Bagdziunas R, Laenen G, De Wolf H.** Analyzing magnetic bead QuantiGene® Plex
688 2.0 gene expression data in high throughput mode using QGprofiler. *BMC*
689 *Bioinformatics* 20: 378, 2019. doi: 10.1186/s12859-019-2975-2.
- 690 42. **Wong VWY, Stange DE, Page ME, Buczacki S, Wabik A, Itami S, van de Wetering**
691 **M, Poulosom R, Wright NA, Trotter MWB, Watt FM, Winton DJ, Clevers H, Jensen**

- 692 **KB.** Lrig1 controls intestinal stem-cell homeostasis by negative regulation of ErbB
693 signalling. *Nat Cell Biol* 14: 401–408, 2012. doi: 10.1038/ncb2464.
- 694 43. **Young LA, Buse JB.** GLP-1 receptor agonists and basal insulin in type 2 diabetes.
695 *Lancet* 384: 2180–2181, 2014. doi: 10.1016/S0140-6736(14)61409-4.
- 696 44. **Young RL.** Sensing via Intestinal Sweet Taste Pathways. *Front Neurosci* 5, 2011. doi:
697 10.3389/fnins.2011.00023.
- 698
- 699

700

Table 1. RT-qPCR primer sequences

	Gene	Forward primer	Reverse primer
Murine primers	<i>Rplp0</i>	AATCAGCCAGAAGGTCCAAA	CGCAAATGCAGATGGATC
	<i>Gnat3</i>	AATCAGCCAGAAGGTCCAAA	TTTCCCAGATTCACCTGCTC
Human primers	<i>Cyclophilin</i>	GCCTTAGCTACAGGAGAGAA	TTTCCTCCTGTGCCATCTC
	<i>GNAT3</i>	AGCGAGATGCAAGAACCGTA	CATTCTTATGGATGATCTTCATTTGT

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702

703

704 Table 2. Plasma hormone concentrations during OGTT in sham- and EGA-operated mice.

[pg/mL]	Time (min)	0	15	30	60
C-peptide	sham	1 763 ± 203	3 382 ± 436 ***	2 282 ± 276	1 459 ± 151
	EGA	669 ± 74 [#]	1 969 ± 285 ^{###}	721 ± 90 ^{####}	565 ± 94 [#]
Glucagon	sham	26 ± 4	37 ± 6	30 ± 4	22 ± 4
	EGA	38 ± 4 [#]	39 ± 3	44 ± 9	42 ± 5 [#]
Leptin	sham	17 870 ± 8 791	16 129 ± 5 614	13 258 ± 2 979	11 856 ± 3 064
	EGA	757 ± 229 [#]	786 ± 359 [#]	1069 ± 405 [#]	705 ± 238 [#]

705 EGA surgery was performed in obese mice fed 8 weeks on HFD. After surgery, the HFD was
706 maintained for an additional 4 weeks in sham-operated (control mice) and EGA-operated
707 mice. OGTT was performed at 0, 15, 30 and 60 minutes after glucose gavage in sham (n=
708 14) and EGA (n=13) mice. Statistical differences were calculated with a two way ANOVA and
709 Post hoc Tukey's multiple comparisons tests. *: p<0.05, **: p<0.01 compared to 0 min for
710 each group. #: p<0.05, ##: p<0.01, ####: p<0.001 in EGA-operated mice compared to sham-
711 operated mice at the same time point.

712

713 **FIGURE LEGENDS**

714 **Fig. 1. Sweet taste gene expression in human EEC from obese patients with or without**

715 **T2D.** A: Expression of genes involved in sweet taste transduction and glucose transporters in
716 EEC from jejunum of obese individuals with (ObD, n=13) or without type 2 diabetes (Ob,
717 n=14): *TAS1R3*, *GNAT3*, *PLCB2*, *ITPR3*, *SCN2A*, *TRPM5* and *CACNA1A*, which code for
718 taste receptor type 1 member 3, α -gustducin subunit, phospholipase C β 2, inositol
719 trisphosphate receptor, sodium voltage-gated channel alpha subunit 2, transient receptor
720 potential cation channel subfamily member 5, calcium voltage-gated channel subunit alpha
721 1A respectively, and *SLC2A2* and *SLC2A5* which code for GLUT2 and GLUT5, respectively.
722 Data are presented as means \pm SEM. B: Correlation of *GNAT3* expression by RT-qPCR and
723 RNAseq in human EEC of Ob (n=11) and ObD (n=11) subjects. Statistical significance was
724 calculated with (A) unpaired t-test and (B) simple linear regression test (Pearson). *: p <0.05,
725 **: p <0.01 and ****: p <0.0001

726

727 **Fig. 2. Diet-induced metabolic disorders in mice.** A: Body weight is measured weekly for

728 each group of mice fed with diets: CD (black, n=75), HFD (light grey, n=15) and HFD-HF
729 (dark grey, n=75). B: The lean mass and C: The fat mass determined after 3 and 12 weeks of
730 CD (n=10), HFD (n=10) and HFD-HF (n=10) diet by nuclear magnetic resonance. D: Fasting
731 plasma triglycerides of mice fed 3 or 12 weeks with CD (n=13), HFD (n=5), HFD-HF (n=13).
732 Curves of OGTT after 3 weeks (E) and 12 weeks (F) of diets. G: Area under the curve (AUC)
733 during OGTT. H: Fasting blood glucose and I: Fasting plasma insulin before OGTT. J:
734 Homeostasis Assessment of insulin resistance (HOMA-IR). OGTT was performed after
735 fasting overnight with 2g/kg of glucose on mice fed 3 weeks with CD (n=20), HFD (n=10) and
736 HFD-HF (n=20) and on mice fed 12 weeks with CD (n=18), HFD (n=10) and HFD-HF (n=18).
737 K: Insulin tolerance test (ITT) after 12 weeks of diets. L: Decrease of glycemia during the 10
738 first minutes of ITT. ITT was performed after 6h fasting with 1U/kg of insulin on mice fed 12
739 weeks with CD (n=10), HFD (n=10) and HFD-HF (n=10). Data are presented as means \pm

740 SEM. Statistical significance was calculated with (A) two-way ANOVA test (R software), (B to
741 E; H to J; and L) one-way ANOVA and post-hoc Tukey's multiple comparisons tests, (F, G,
742 K) two-way ANOVA and post-hoc Tukey's multiple comparisons tests. *: p < 0.05, **: p < 0.01,
743 ***: p < 0.001 and ****: p < 0.0001; §: p < 0.05, §§: p < 0.01, §§§: p < 0.001 and §§§§: p < 0.0001 in
744 comparison CD versus HFD

745
746 **Fig. 3. EEC enrichment cell fraction from mouse jejunum.** A: Gating strategy for cell
747 sorting by FACS with Propidium iodide, CD45, CD326 and CD24 markers. Gene expression
748 analysis of Chromogranin A (*Chga*). B: Glucose-dependent insulin releasing polypeptide
749 (*Gip*) C), Peptide tyrosine tyrosine (*Pyy*) (D), Prohormone convertase 1 (*Pcsk1*) (E),
750 Lysozyme (*Lyz*) (F), Leucine-rich repeat-containing G-protein coupled receptor 5 (*Lgr5*) (G),
751 Apolipoprotein A-IV (*Apoa4*) (H) and α -Gustducin (*Gnat3*) (I) in different isolated cell types
752 using Quantigene plex assay. CD45+ cells (white) are mostly composed by immune cells
753 (n=24), CD24- cells (light grey) are mostly composed by enterocytes (n=24) and CD24+ cells
754 (dark grey) are mostly composed by EECs (n=22). Data are presented as means \pm SEM.
755 Statistical significance was calculated with one-way ANOVA and post-hoc Tukey's multiple
756 comparisons tests. *: p < 0.05 ; **: p < 0.01 ; ***: p < 0.001 and ****: p < 0.0001

757
758 **Fig. 4. Expression of genes involved in sweet taste transduction and in glucose**
759 **absorption in mouse EEC.** A: EEC expression of genes involved in sweet taste
760 transduction: α -gustducin (*Gnat3*), inositol trisphosphate receptor (*Itpr3*), phospholipase C β 2
761 (*Plcb2*), calcium voltage-gated channel subunit alpha 1a (*Cacna1a*), sodium voltage-gated
762 channel alpha subunit 2 (*Scn2a*), transient receptor potential cation channel subfamily
763 member 5 (*Trpm5*), in mice fed with CD, HFD or HFD-HF for 3 (top) or 12 weeks (bottom). B:
764 EEC expression of genes encoding for GLUT2 (*Slc2a2*) and GLUT5 (*Slc2a5*) in mice fed with
765 CD, HFD or HFD-HF for 3 (top) or 12 weeks (bottom). Gene expression was measured by
766 Quantigene plex assay in EEC from mice (CD n= 4 at 3 weeks and n= 3 at 12 weeks; HFD
767 n=4 at 3 and 12 weeks; and HFD-HF n= 3 at 3 weeks and n= 2 at 12 weeks). Note that each

768 value corresponds to EEC from 2 mice. Data are presented as means \pm SEM. Statistical
769 significance was calculated with (A and B top) one-way ANOVA and post-hoc Tukey's
770 multiple comparisons tests, (A and B bottom) unpaired t-test. *: $p < 0.05$; **: $p < 0.01$; ***: $p <$
771 0.001 and ****: $p < 0.0001$

772
773 **Fig. 5. Metabolic improvement 4 weeks after mouse intestinal surgery.** A: EGA surgery
774 schema showing the pyloric sphincter ligation, followed by an entero-gastric anastomosis
775 allowing the exclusion of the duodenum and the proximal jejunum of the alimentary tract.
776 Mice fed with HFD for 8 weeks were operated (sham or EGA) and further maintained 4
777 weeks on HFD before analysis. Arrows indicate the alimentary bolus path. B: Body weight
778 after surgery (EGA or sham) is measured for each group: sham-operated (n=16), EGA-
779 operated (n=14). C: The lean mass and D: The fat mass of mice determined before and 4
780 weeks after sham and EGA surgery by nuclear magnetic resonance (n=15 sham-operated,
781 n=14 EGA-operated). E: Fasting blood glucose before and 4 weeks after sham and EGA
782 surgery. Curves of OGTT before (F) and 4 weeks after (G) surgery. H: Area under the curve
783 (AUC) during OGTT before and 4 weeks after sham and EGA surgery. I: Plasma insulin 4
784 weeks after sham and EGA surgery measured during OGTT. J: Fasting plasma insulin 4
785 weeks after surgery. K: HOMA-IR 4 weeks after surgery. Plasma active GLP-1 (L), PYY (M)
786 and GIP (N) 4 weeks after sham and EGA surgery measured during OGTT. OGTT were
787 performed after 6 hours of fasting with 2g/kg of glucose (n=13 sham-operated, n=14 EGA-
788 operated). Nd means *not detectable* (GLP-1 plasma concentration is under the lower level
789 detected with ELISA *i.e.* $< 41\text{pg/mL}$). Data are presented as means \pm SEM. Statistical
790 significance was calculated with (B) two-way ANOVA (R software), (C to H) two-way ANOVA
791 and post-hoc Sidak's multiple comparisons tests, (J, K) an unpaired t-test, (I, L to N) two-
792 way ANOVA and post-hoc Tukey's multiple comparisons tests.* : $p < 0.05$; ** : $p < 0.01$; *** :
793 $p < 0.001$ and ****: $p < 0.0001$ as indicated or *versus* time 0 min (panels I and M); § : $p < 0.05$;
794 §§ : $p < 0.01$; \$\$\$: $p < 0.001$ and \$\$\$\$: $p < 0.0001$ in sham *versus* EGA

795

796 **Fig. 6. *Gnat3* gene expression in gut 4 weeks after mouse intestinal surgery.** Mice fed
797 with HFD for 8 weeks were operated (sham or EGA) and further maintained 4 weeks on HFD
798 before analysis. A: *Gnat3* expression has been measured by RT-qPCR in sham- and EGA-
799 operated mice 4 weeks after surgery in four intestinal fragments: (1) duodenum, (2) proximal
800 jejunum, (3) distal jejunum and (4) ileum. B: *Gnat3* expression in the first intestinal segment
801 receiving alimentary bolus in sham- and EGA-operated mice 4 weeks after surgery. C: *Gnat3*
802 expression in the second intestinal segment receiving alimentary bolus in sham- and EGA-
803 operated mice 4 weeks after surgery. n= 16 sham-operated mice and n= 13 EGA-operated
804 mice. Data are presented as means \pm SEM. Statistical significance was calculated with (A)
805 one-way ANOVA and post-hoc Tukey's multiple comparisons tests, (B and C) unpaired t-test.
806 *: p<0.05, ***: p<0.001, ****: p<0.0001

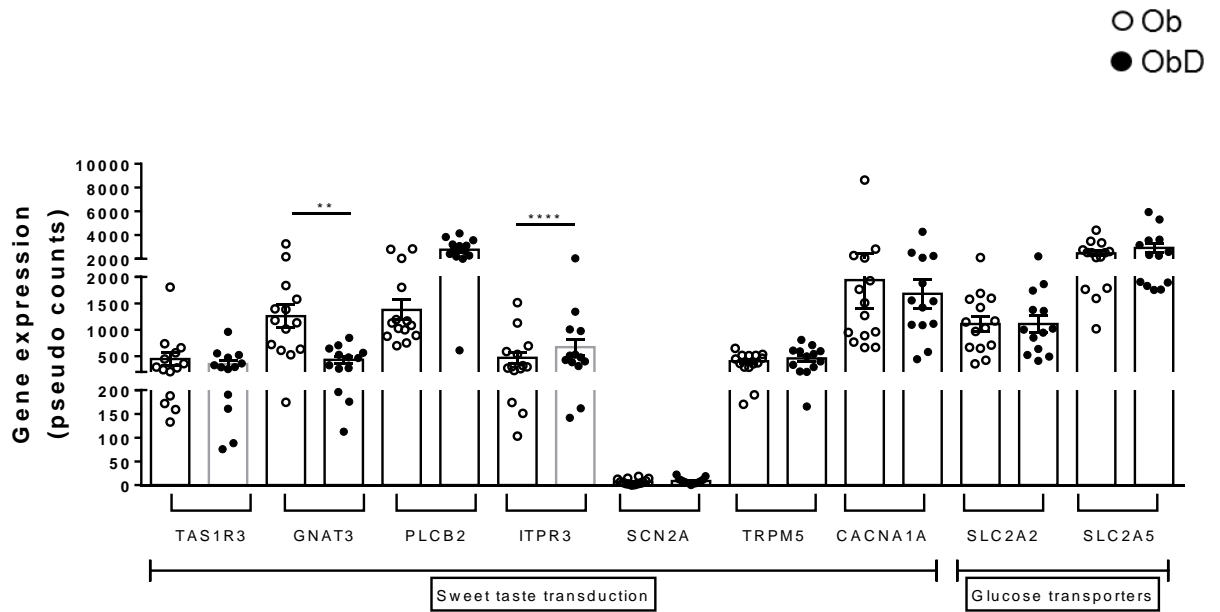
807
808 **Fig. 7. Analysis of mouse fecal microbiota after FMT.** A: Experiment design of FMT: 6
809 weeks old male donor mice are fed 12 weeks with CD or HFD-HF and feces are collected to
810 prepare inoculum. The inoculum is used to transfer the fecal microbiota by gavage in 3
811 weeks old male recipient mice MRCD or MRHFD-HF. Recipient mice are kept on HFD-HF for
812 12 weeks. Analyses were made 3 and 12 weeks after FMT. B: Principal coordinate analysis
813 of donor mice fecal microbiota from mice fed CD (n= 4) and HFD-HF (n=2) and inoculum
814 solution composed of pooled feces from CD (n=2) or HFD-HF (n=2) C: Principal coordinate
815 analysis of recipient mice microbiota 3 and 12 weeks after microbiota transfer from CD (n=6
816 and n=5, respectively) and from HFD-HF (n=6 and n=7, respectively). D: Genus abundance
817 in donor mice, inoculum and recipient mice 3 and 12 weeks after FMT. E: Abundance of
818 *Bacteroides cellulosilyticus*, *Lactococcus lactis*, *Faecalibaculum rodentium* and
819 *Streptococcus thermophilus* in the inoculum from CD and HFD-HF fed mice. Abundance is
820 represented by the reads/rarefaction threshold. F: The magnitude difference of species
821 abundance in recipient mice according to microbiota 3 and 12 weeks after transfer (p<0.05).
822 Note that the all species that are statistically different between MRCD and MRHFD-HF mice
823 present a large magnitude effect (Cliff-delta \geq 0.474).

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Fig. 8. Metabolic parameters and intestinal α -Gustducin expression in mice after FMT.

A: Body weight is measured weekly for each group of male mice during 12 weeks after FMT in MRCD mice (n= 20) and in MRHFD-HF mice (n=20). B: The lean mass and C: The fat mass of mice determined by nuclear magnetic resonance 3 and 12 weeks after the FMT. MRCD (n=6 and n=5, respectively) and MRHFD-HF (n=6 and n=7, respectively). D: Area under the curve (AUC) during OGTT 3 and 12 weeks after FMT. E: Fasting glycemia before OGTT. OGTT was performed after fasting overnight with 2g/kg of glucose on 5 MRCD mice and 5 MRHFD-HF mice at 3 weeks and 5 MRCD and 5 MRHFD-HF at 12 weeks. F: *Gnat3* gene expression measured in epithelial jejunum of MRCD (n= 4 at 3 and 12 weeks after the FMT) and MRHFD-HF (n=4 at 3 weeks and n= 5 at 12 weeks after the FMT). Data are presented as means \pm SEM. Statistical significance was calculated with one-way ANOVA and post-hoc Tukey's multiple comparisons tests. ** : p< 0.01 ; *** : p < 0.001 and ****: p<0.0001

A



B

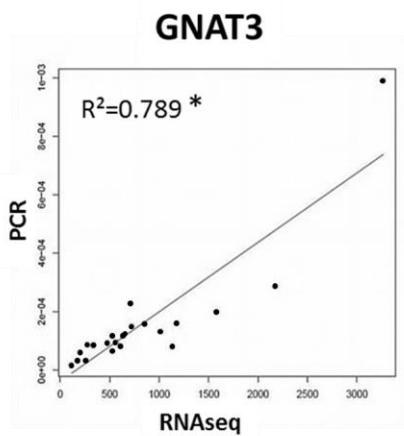
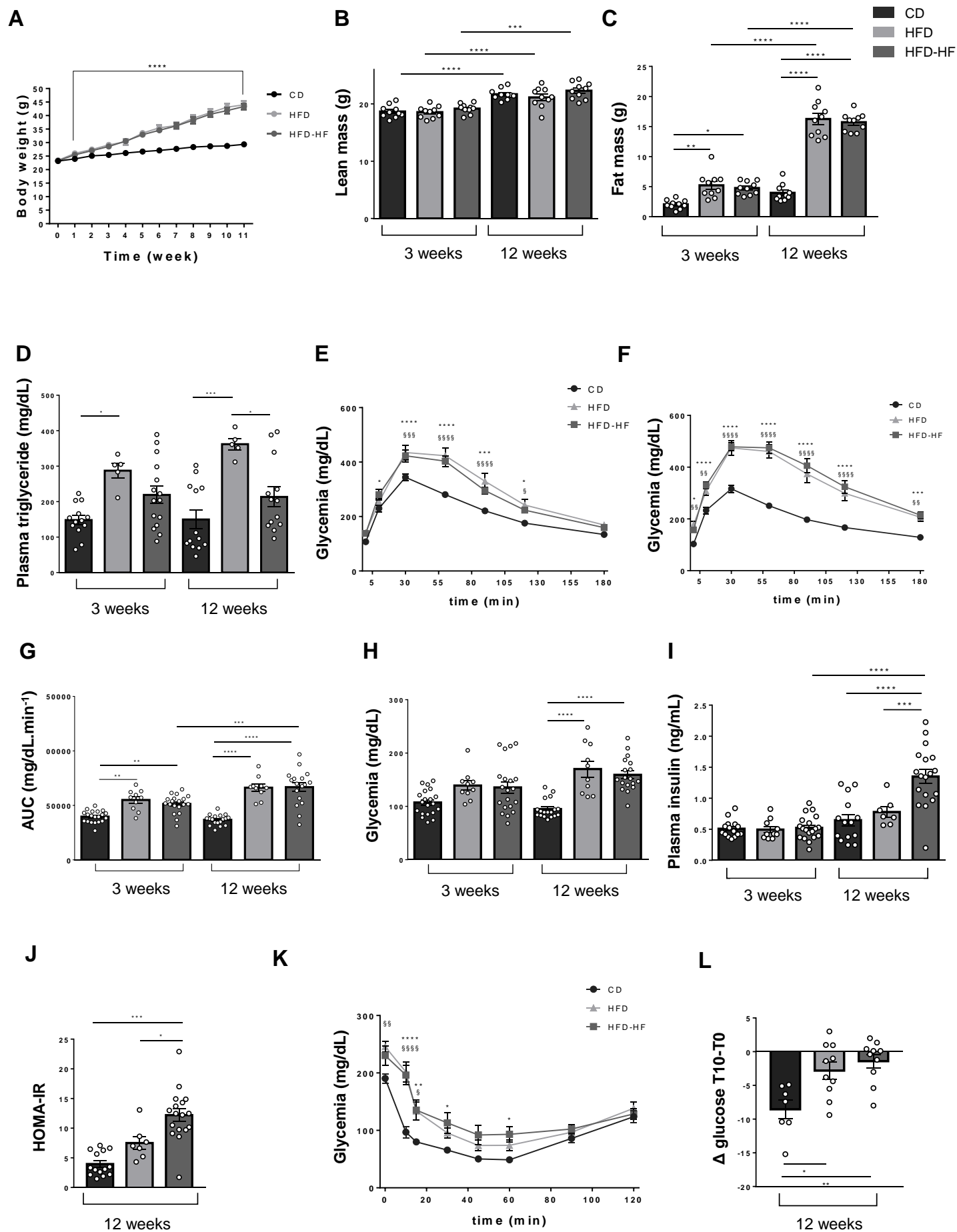


Figure 1, Le Gléau L & al



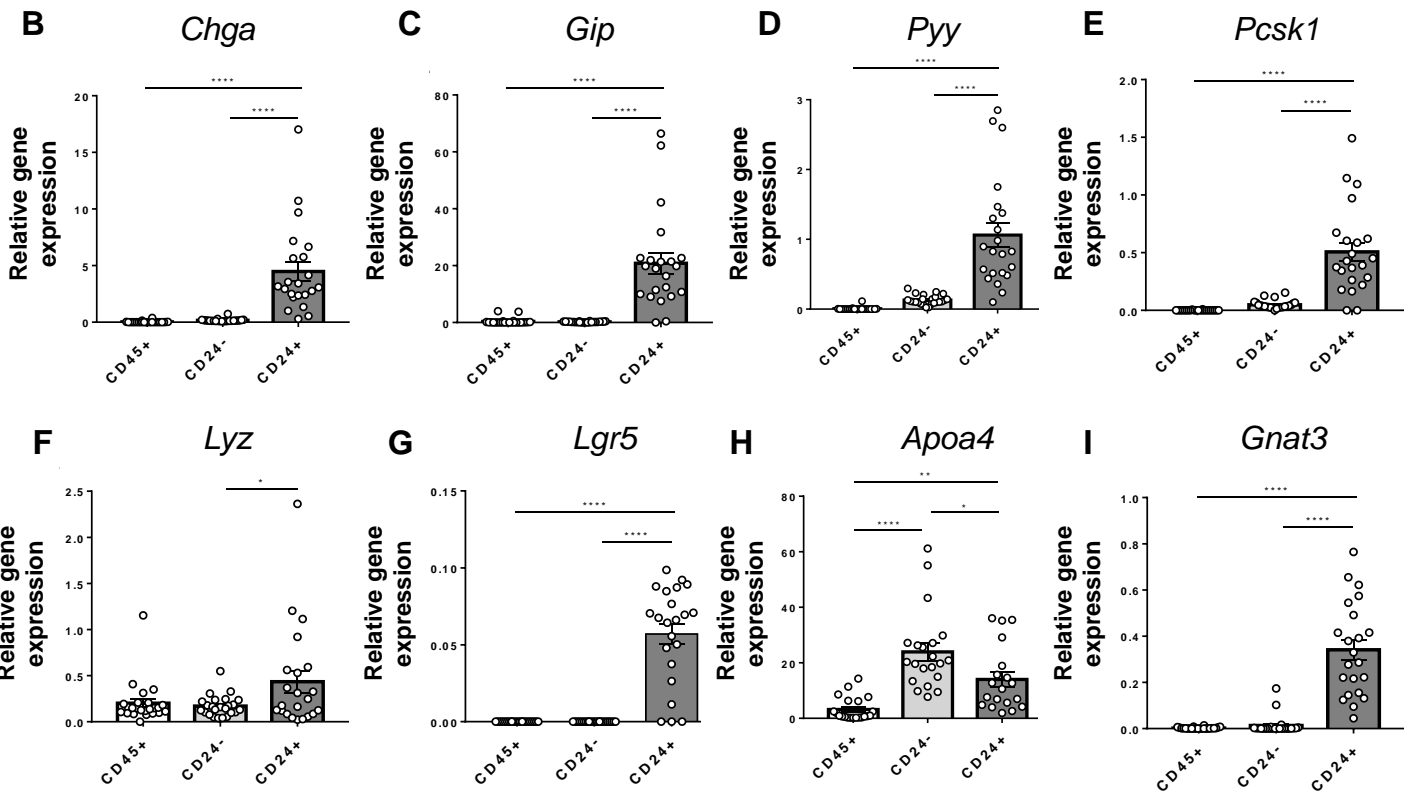
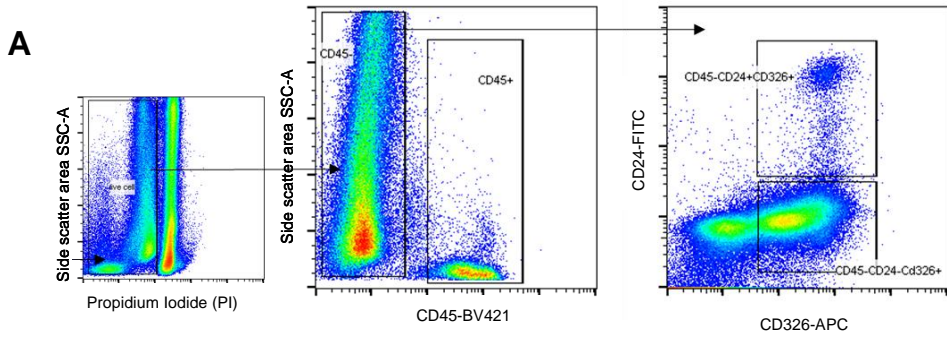
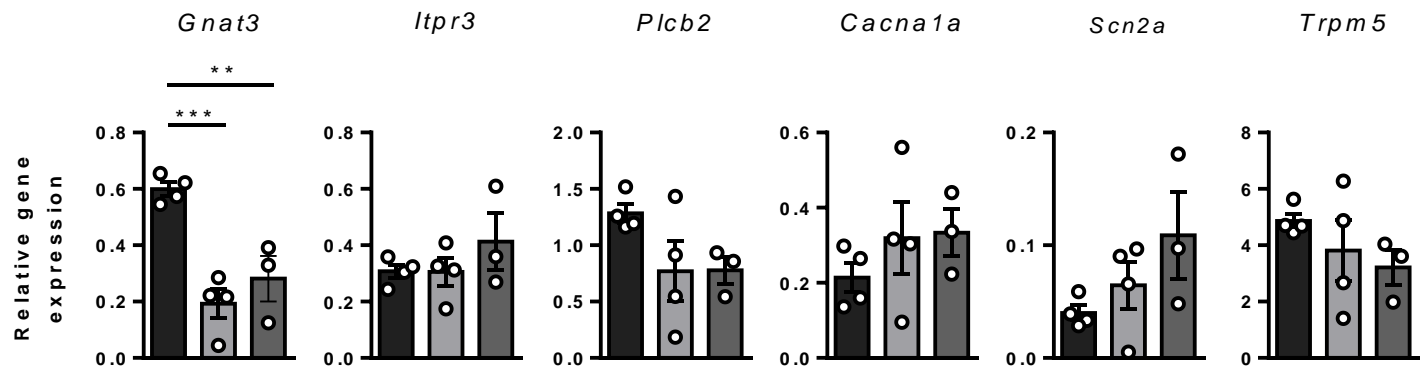


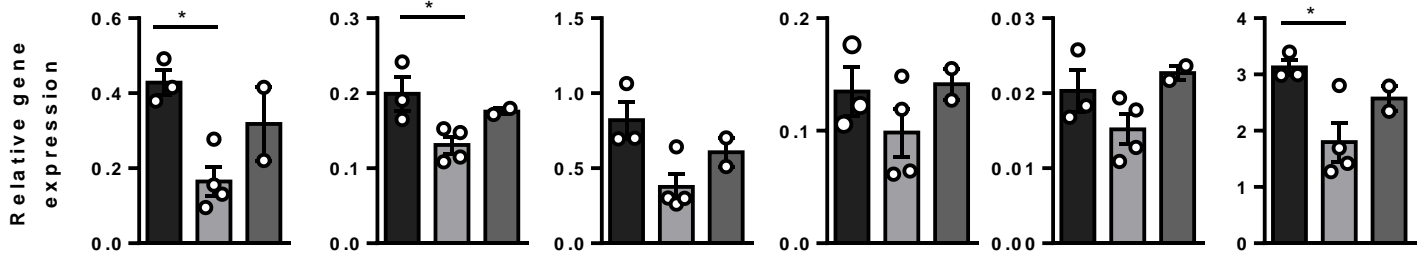
Figure 3, Le Gléau L & al

A

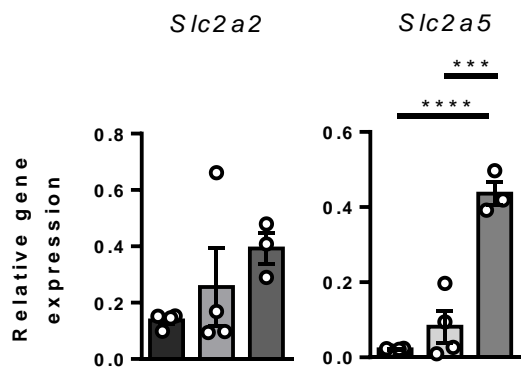
3 weeks



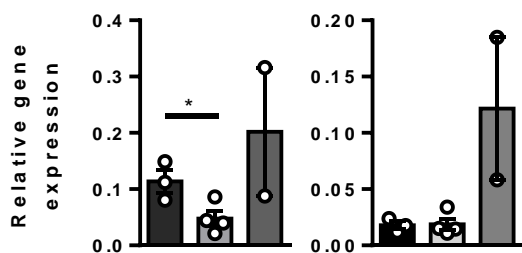
12 weeks

**B**

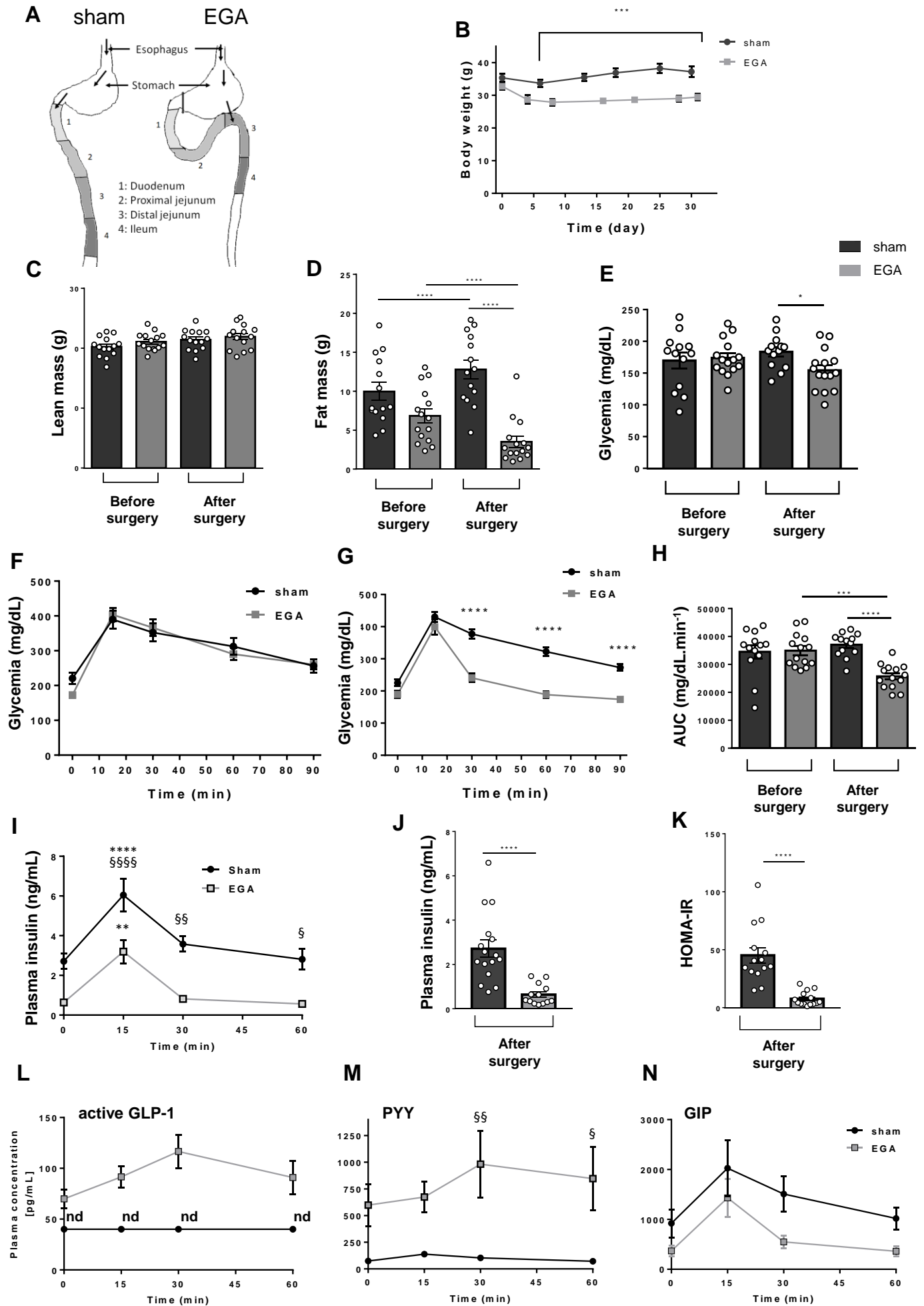
3 weeks

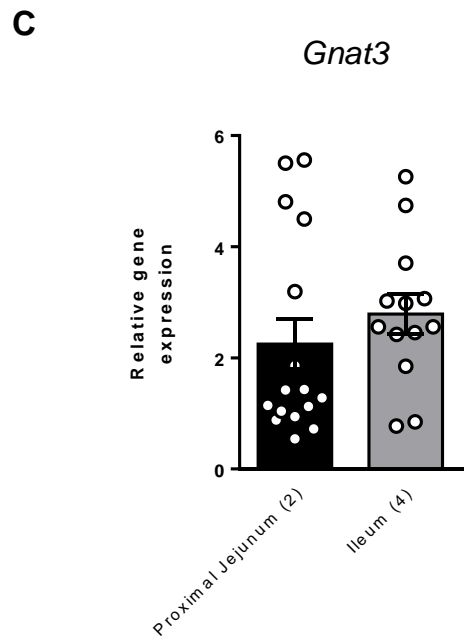
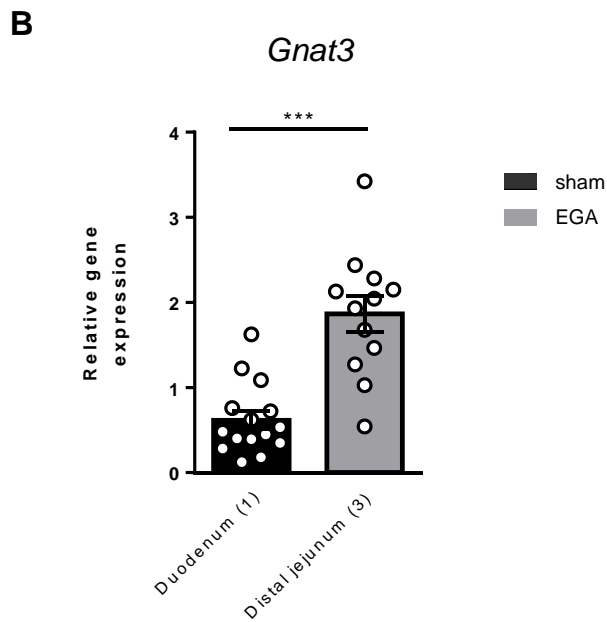
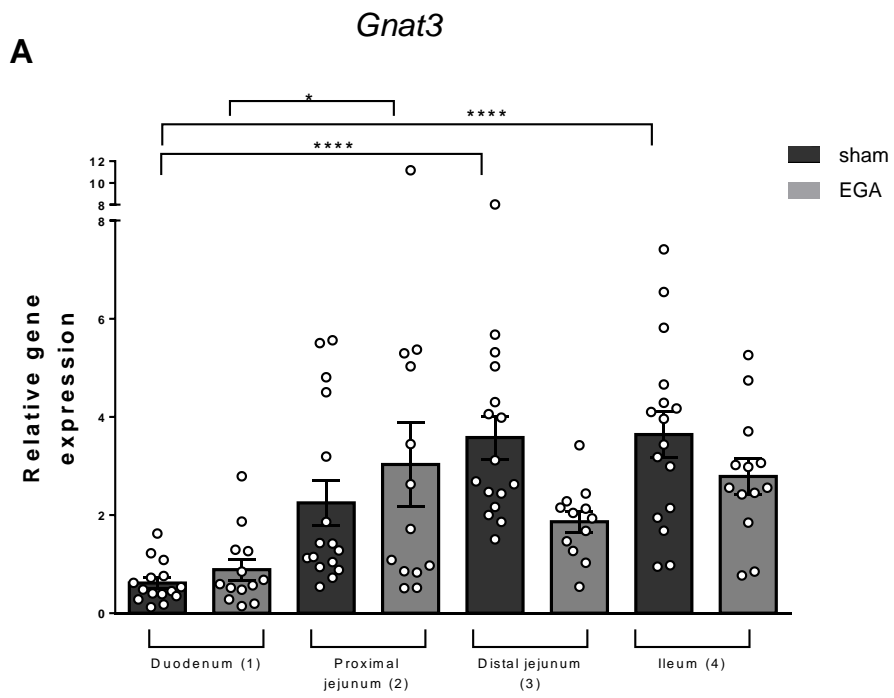


12 weeks



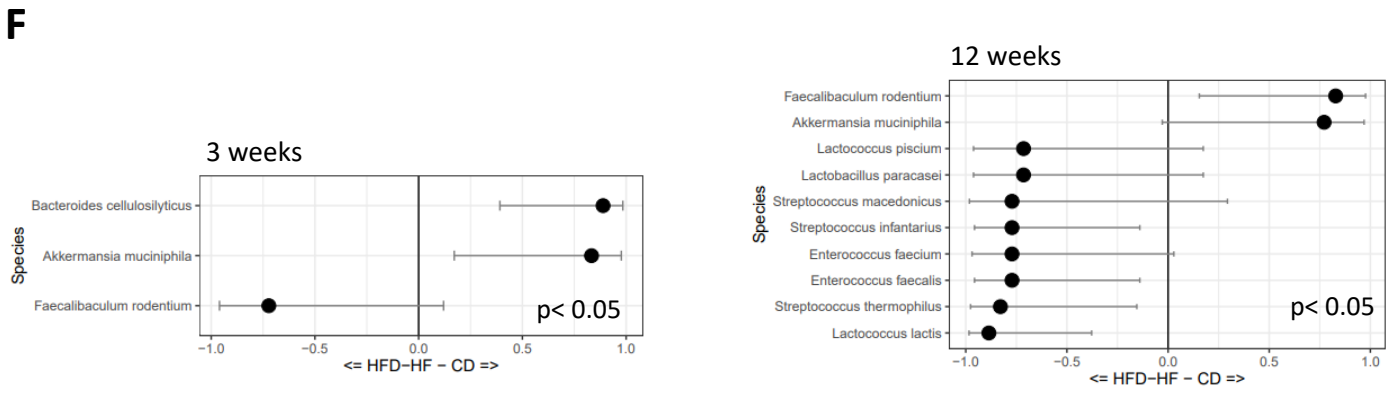
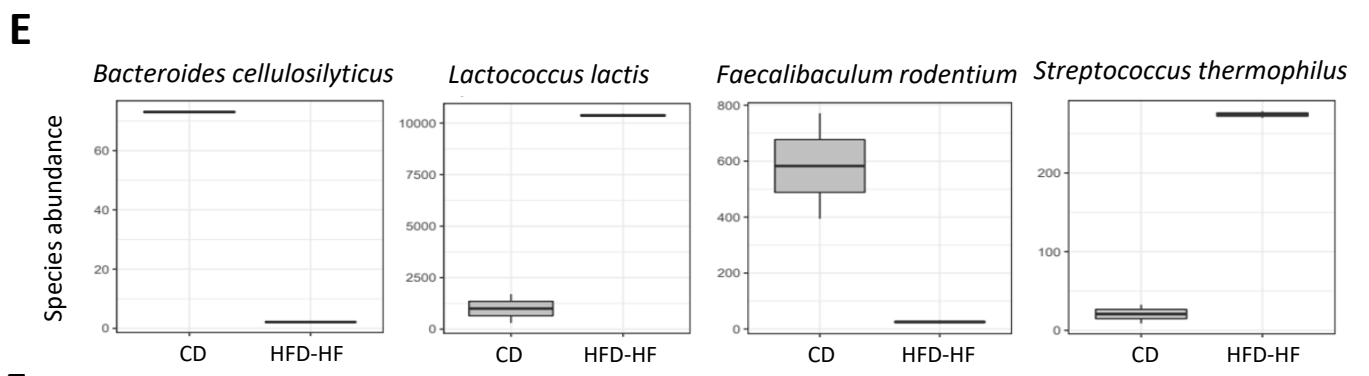
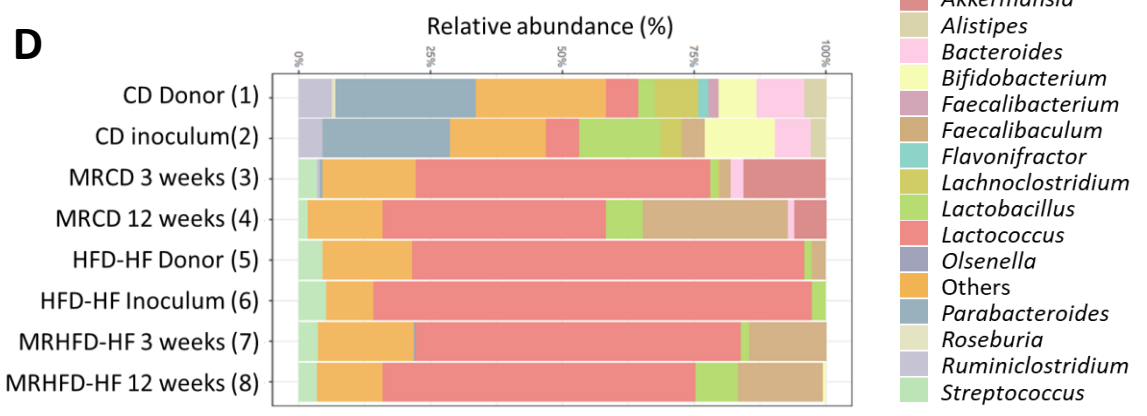
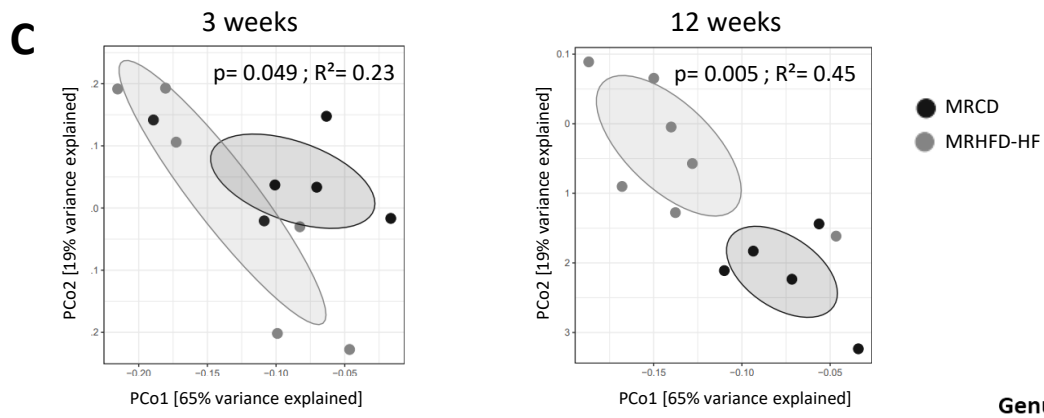
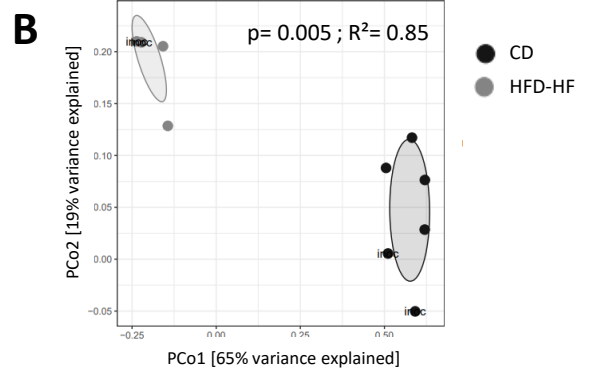
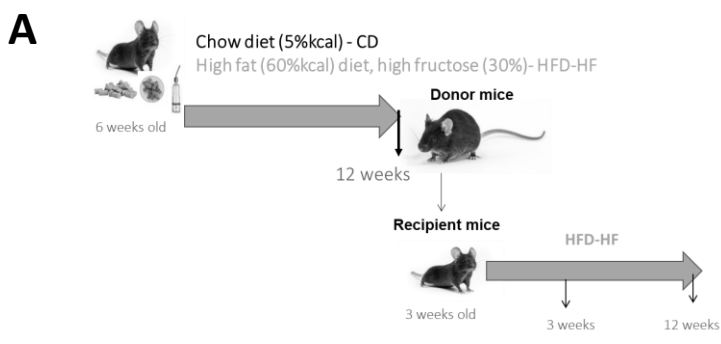
CD
 HFD
 HFD-HF



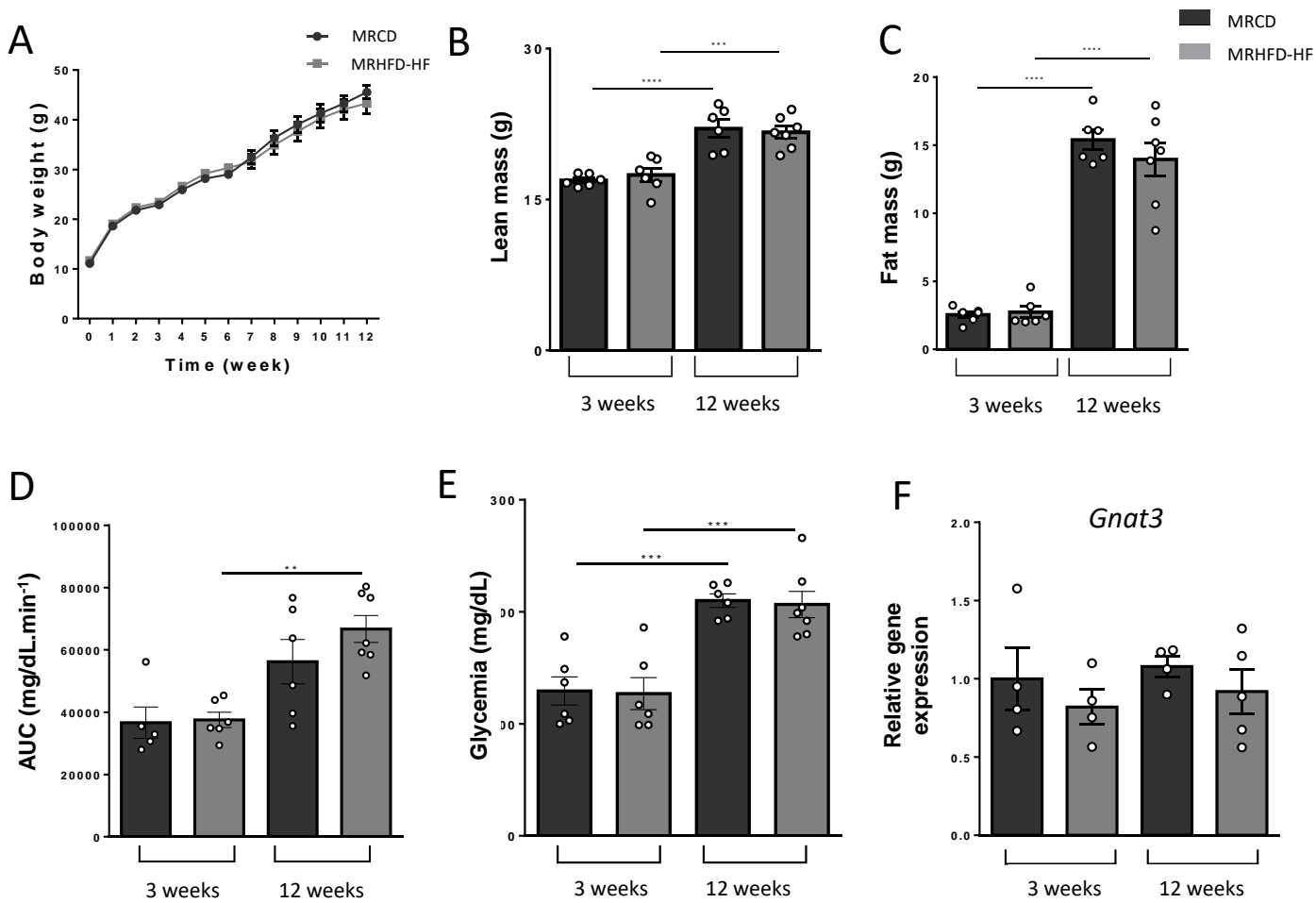


**First intestinal segment
receiving alimentary bolus**

**Second intestinal segment
receiving alimentary bolus**



Revised Figure 7, Le Gléau L & al

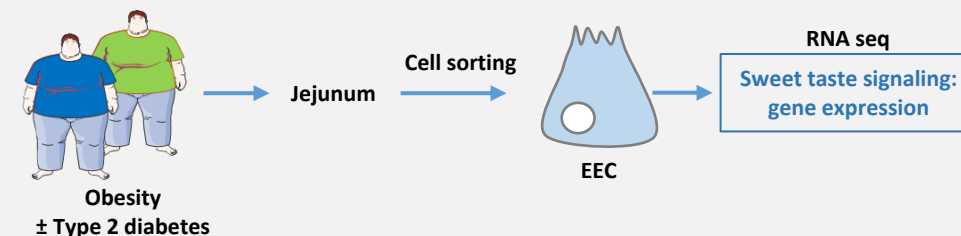


Revised Figure 8, Le Gléau L & al

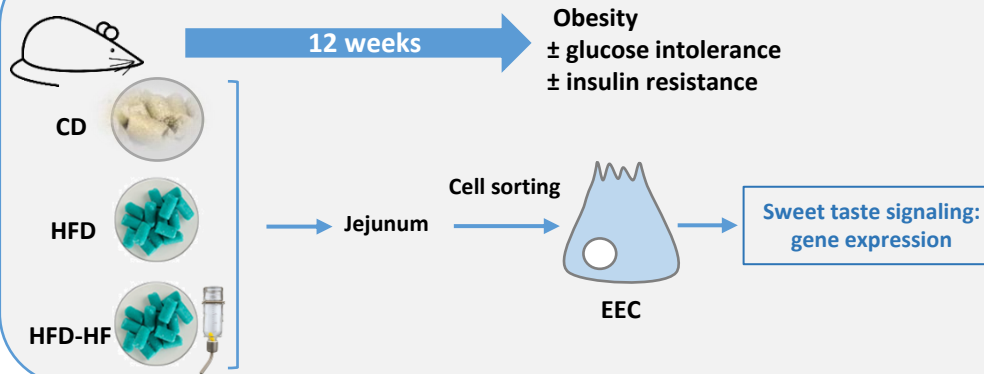
INTESTINAL ALTERATION OF α -GUSTDUCIN AND SWEET TASTE SIGNALING PATHWAY IN METABOLIC DISEASES IS PARTLY RESCUED AFTER WEIGHT LOSS AND DIABETES REMISSION

METHODS

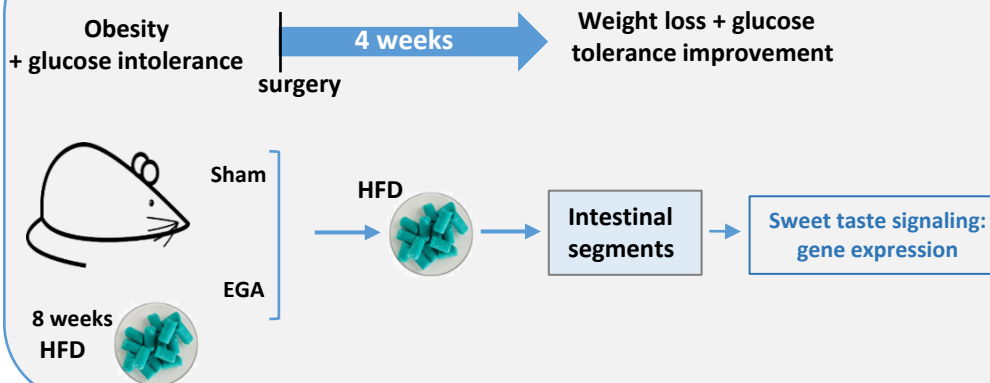
1- SWEET TASTE TRANSDUCTION PATHWAY IN HUMAN ENTEROENDOCRINE CELLS (EEC)



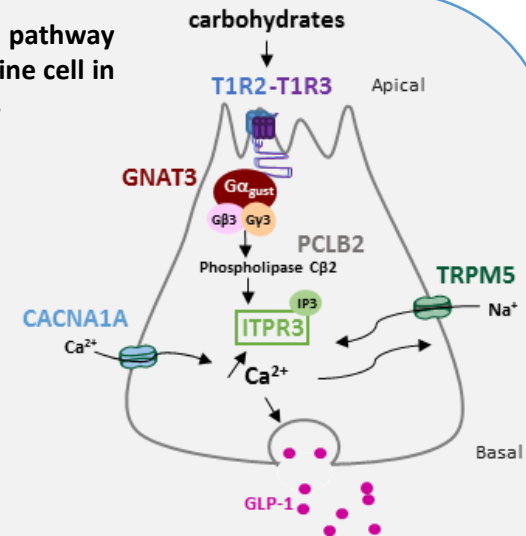
2- METABOLIC DETERIORATION IN MICE FED WITH HIGH-FAT DIET (HFD) ± FRUCTOSE (HFD-HF)



3- METABOLIC IMPROVEMENT IN MICE AFTER ENTERO-GASTRO-ANASTOMOSIS (EGA) SURGERY

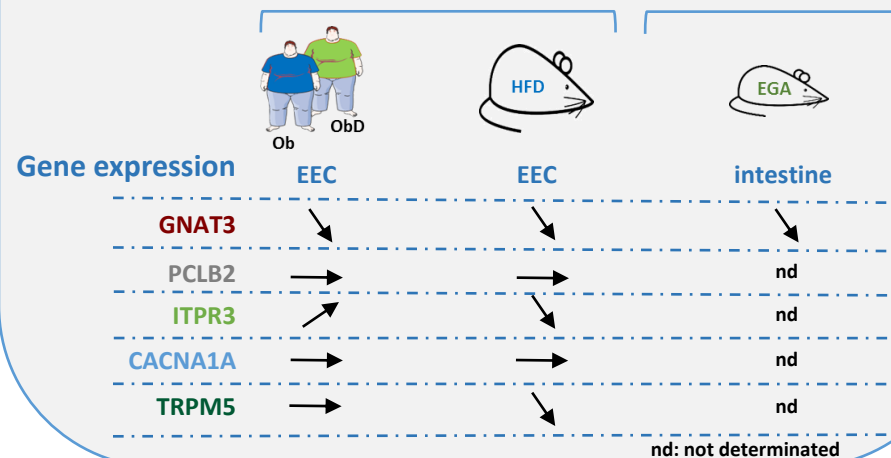


Sweet taste transduction pathway in the GLP-1 enteroendocrine cell in response to carbohydrates



METABOLIC DISORDERS

METABOLIC IMPROVEMENT



CONCLUSIONS: Metabolic diseases are associated with altered gene expression of sweet taste signaling in the intestine. This could contribute to impaired GLP-1 secretion, that is partly rescued after metabolic improvement.